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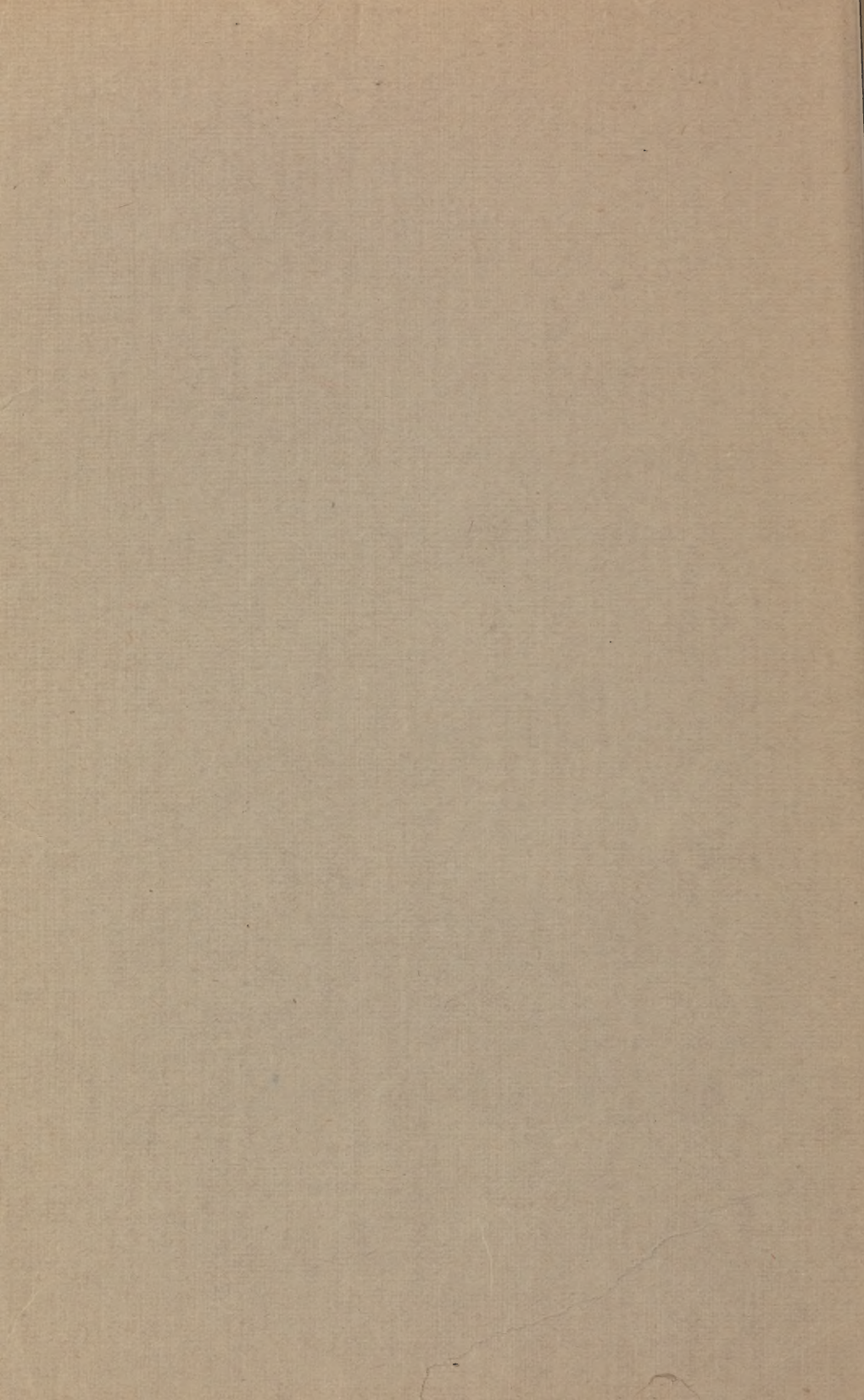
THE JOURNAL OF THE DELAWARE STATE MEDICAL SOCIETY



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The Journal

Of the Delaware State Medical Society

VOL. 1.

JANUARY, 1910.

No. 2.

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Contributions

¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over two hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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Original Papers

A Plea for the Early Diagnosis of Gallstones.

Joseph P. Wales, M. D.

Wilmington, Del.



IN looking over the literature of my subject, the diagnosis of gall stones, I find I am, to use a slang expression, "up against it." The majority of it is confined to the diagnosis and treatment of the complications of rather than the disease itself. Rather a confession of failure on our part in the art of diagnosis, were it not for the fact that many people having gall stones never have any symptoms. Nevertheless, we are not entirely excusable, for many cases do have symptoms sufficient to warrant a positive diagnosis and should be given the chance of an operation before serious complications develop. Medical treatment is generally always a failure, and at the best only palliative. The question is what are the early symptoms of gall stones, and are they definite enough to warrant a positive diagnosis?

These early or inaugural symptoms are nearly always referred, not to the liver or gall bladder, but to the *stomach*. Most of these patients complain of indigestion. They have pain or discomfort after eating or without any relation to eating. The centre of this pain is in the epigastrium, rarely over the gall bladder, although it may radiate to one side or the other.

In some cases it goes through to the shoulder, generally the right. In these attacks the patient will often complain of a catch in the breath, making deep breathing impossible on account of a sudden stabbing pain, which cuts it short. This is due to a spasm of the diaphragm and is very characteristic of gall bladder disease. Sometimes they will complain of a chilliness, not severe, but rather a feeling of cold which lasts but a few moments, and is noticeable more in the evening. A sensation of fullness in the head, drowsiness, inability to concentrate the mind and migrain are sometimes noticed, but are not especially characteristic. Moynihan calls these symptoms gall bladder dyspepsia.

These are the inaugural symptoms, and if they persist or recur are almost pathognomic of gall-stone disease.

There are two other symptoms not always present, but of value. Tenderness on pressure over the posterior surfaces of the liver from the eleventh dorsal to the first lumbar vertebra, one inch or so to the right of the spine. Also tenderness on deep inspiration from pressure under the edge of the ribs and against the gall bladder.

These symptoms may seem very slight; in fact, would probably not at first cause us to direct our attention to the bile tract, but rather to the stomach; but, taking them all together, interpreting them correctly and eliminating other causes, should enable us to make in most cases a positive diagnosis.

I have not mentioned the later symptoms of gall-stone disease, as they do not belong in this paper, and are sufficiently familiar to you all. The older physicians, as a rule, would never admit the possibility of gall stone unless jaundice was present. We know now that jaundice is an infrequent and inconstant symptom, and when present is a terminal rather than an early symptom. Most of the surgery to-day of the gall bladder is being done for the following conditions: Abscess, chronic pain with jaundice and fever, invalidism from chronic pain, infection of the gall bladder or ducts, with or without stones, adhesions about the gall bladder, cancer, pancreatic disease resulting in diabetes, etc.

All these terminal events caused by gall stones, I am firmly convinced, will be avoided in the future more and more as we gain experience from the bedside, in the clinical laboratory, at the operating table and on the post-mortem table. The laity are looking to the physician for prevention and safety, not to the surgeon as a last hope, and they have a right to do so.

The Urgent Need of Early Diagnosis in Gynecologic Disease.

Dr. Hannah M. Thompson
Wilmington, Del.

The well known surgeon, Dr. W. W. Keen, more than twenty-five years ago, before the class at the Woman's Medical College, said that in his experience more errors were made in medical practice by careless or imperfect examination, than by wrong treatment. His dictum was to examine and re-examine before making a diagnosis. We all agree that diagnosis is of first importance, but are we, even at this day, using all the means at our command, and carefully investigating before undertaking the treatment of disease. While there are many difficulties in abdominal diagnosis, the technic of pelvic examinations and the lesions of the pelvic organs, if we can separate the two, are not so difficult to recognize.

The general practitioner, for some reason, is more apt to neglect to investigate these cases than all others. And it is from this neglect that errors in diagnosis can be traced in the majority of cases. Patients go the rounds suffering from light, or more serious pelvic disease or derangement, lacking an examination in too many cases.

A few uncomplicated cases may be cited : A young woman about a year ago was referred by one of our physicians to the Gynecological Dispensary of the Delaware Hospital. She had been suffering for more than a year with extreme pain in the groins, and difficult menstruation. She had consulted different physicians, one of whom attended her for several months. His diagnosis was neuralgia. No examination had been made. Morphia had been given her hypodermically, and she had at hand a solution containing morphia or opium, prescribed by the last physician. Fortunately the importance of an examination was recognized by the physician, who referred her to the dispensary, before undertaking the case. Upon examination the uterus was found strongly retroflexed, with much tenderness upon all sides—no other lesion of any kind. The uterus was replaced after some difficulties, and kept in place by tampons for several weeks. Later a pessary was introduced, and worn for three or four months. The pain was not entirely relieved, and this became quite a problem.

About this time the physician who referred her to the dispensary was called to her home. We then learned about the morphia medica-

tion. The patient was removed to the Delaware Hospital, and remained about a month, recovering from pain with but little medicine. The morphia appetite was fortunately not of long standing. She reported herself occasionally afterward at the dispensary, and was in good health.

Two other cases of retroflexion in young women, when examination had been too long delayed, are now under treatment. One of these, with one physician, had been confined to bed for seven weeks, with ice-bags, etc., applied for appendicitis.

The diagnosis of another physician was "ovarian trouble"—telling the mother that marriage would cure the girl. A third doctor suggested examination and advised curettment. The patient—a young girl—objected, and she finally drifted to the dispensary. This was an easy case to diagnose, and readily curable. She had suffered always from dysmenorrhœa, and no doubt the displacement had existed from early girlhood, and had been acutely aggravated by her work in the factory. It was a simple case of retroflexion, and nothing the matter with ovaries or appendix. With less than two months treatment she is entirely comfortable, and will soon be able to return to her work.

Pain in the groin is not always ovarian, nor appendix pain, an error made by a great many physicians. It should be known that it is a common symptom in displacements, sometimes about the only symptom with or without backache.

Another mistake is to conclude that pessaries are always injurious, and this opinion prevails in some minds, without any experience in their use, and but little knowledge of their proper adjustment. One gets splendid results from the use of a properly fitted pessary, used for a limited time, as we use a splint, always remembering that pessaries must be kept clean, and the patient regularly kept under observation.

Another error—and it is the little things upon which our success depends—standing as a hindrance to early diagnosis in some instances, is the disposition to look upon displacements, erosions as trifles, with the fear that the woman may be invalided by local treatment. In the hands of an honorable profession there is no such danger either possible or probable.

Let us be physicians to our patients, one and all. No mock modesty, no disinclination. Neither obstinate refusal to an examina-

tion upon the part of the patient, any more than ignorance, justifies a physician to continue in a case month after month without an examination, when that is the imperative need. The cases reported above show conclusively the urgent need of an early diagnosis of pelvic pain and the attendant suffering, exhaustion, etc.

Vaginal hemorrhages, either excessive and prolonged menses or inter-menstrual bleeding, call for thorough examination and re-examination without delay. We all know that this is the only hope—an early diagnosis in uterine carcinoma. But we need stirring up of our minds constantly in this direction. And just here is another oversight. If every family physician, before leaving a case of labor, would inform himself, if not his patient, as to the condition of the cervix, and consider himself responsible toward keeping healthy or repaired a wounded surface, we would meet fewer cases of offensive leucorrhœa and of malignant disease of the cervix.

Several cases might be given of women under the care of a physician, with irregular bleeding from endometritis, from polypi, from fibroids, etc., exhausted and anæmic, where no examination, or none thorough had been made, or if suggested, not urged persistently. The same principles apply in gynecology, as elsewhere in medicine, the course of treatment depending entirely upon the accuracy of the examination.

And where operations are under consideration, frequent examinations, employing every means toward a study of the patient—the general viscera, functional disturbances, as well as the general condition and history of the patient, is an urgent need of present-day gynecology.

A more precise and determined diagnosis upon all of above points would redound to the success and reputation of the gynecological surgeon, as well as increase the confidence of the laity in our profession.

The young man or the young woman physician who has the object in view of making gynecology a specialty, should cultivate the tactile sense with every opportunity, and study all the details which contribute toward complete and trustworthy diagnosis.

Address of the President of the Delaware State Medical Society

Henry J. Stubbs, M. D.
Wilmington.

October 12th, 1909.

I wish to thank the Medical Society of the State of Delaware for the honor it has conferred upon me by electing me its president for the year of 1909.

A year that will forever remain famous for things accomplished, two feats will stand forever prominent—first, aerial navigation, the possibilities of which probably none of us can foresee at this early date. To the doctor it may, and probably will, be a great blessing. I can recall some days in winter, when I was practising medicine in the country, when the roads were almost impassable on account of the mud, and again when they were blocked because of the snow, having a call necessitating a drive of ten miles; imagine getting in a flying machine and sailing above and over such conditions.

The other that interests us, as physicians, is the discovery of the north pole by one of our profession. Dr. Cook, the bold, quiet explorer, who endured the exposure, hardships and dangers of the frigid north, as we would expect one of the profession to do, as many doctors have risked and given their lives before, patiently and knowingly for the advancement of science.

Dr. Walter Reed worked and labored, and finally died in 1902, that the world might be protected from yellow fever. Our heroes are seemingly slightly appreciated. I often marvel at the fact, if you were to ask one thousand adult laymen who Napoleon, Wellington, Grant, Sherman or Lee were, they would at once say great generals of such and such a time, who we know devoted their time and talents for the destruction of thousands of human lives and the devastation of the country.

If you would ask the same one thousand adult laymen who Lord Lister, Harvey, Jenner, Gross, Agnew, Alexander, Reed, Jackson, Morton or McDowell were; the latter McDowell alone having added thousands of years to the lives of women, and his operation will continue to do so until the end of time. Lister's discovery

has made possible successful operations that were impossible before. Jackson has conferred on the human family the greatest possible blessing; these men all wrought that life might be saved and suffering relieved. The same question asked of one thousand people, probably not one in a hundred would have the slightest idea who they were. I have a picture of McDowell and his office in my office, in front of my operating table. I often ask my women patients who he is and what he did; I have not found one that knew. This is the man who, in the country district of Kentucky, performed four consecutive operations for ovariectomy successfully, without asepsis, skilled assistants or trained nurse. One class of men gave their talents for the destruction of life; the other to the saving and prolonging of life and relief of suffering—which are the greater heroes? While there have not been many new or startling discoveries during the past year, the hormone theory is one that challenges our interest, as heretofore we were led to believe that an organ was only capable of fulfilling its function when in its anatomical position; now it appears from the experiments of Starling and Bayliss, that there is a chemical messenger circulating in the blood, and a diseased organ may be removed from its anatomical position and connections, and another organ of the kind transplanted in another entirely different part of the economy severed from its old circulatory and nervous connections, and the function for which the organ was intended will be resumed. In this connection it is of interest to refer to the work of Seligman and Shattock upon sheep and fowl; they showed that ligation of the vasa deferentia in the young animals does not influence the appearance of the secondary sexual characteristics. While if the testes are removed, the sex markings fail to appear, this seems to demonstrate that the sexual function depends not upon the external secretion of the testes, but upon some substance which they give into the blood. Knaur has shown that removal of the ovaries prevents the occurrence of heat in dogs; and furthermore, if ovarian tissue be grafted into the muscle of the animal, the periods return. Again Marshall and Jolly have shown by injecting extracts made from ovaries, heat in dogs can be induced at will. They further state, when ovaries are grafted into animals previously castrated, the condition produced is identical with normal heat.

It is a well-known fact in gynecology that a woman who is having both ovaries removed, if at the time of operation another ovary is

grafted into the ovarian region, the woman will menstruate, even if the tubes are severed; in that case the grafted ovary is in the region where the nerve supply to the removed ovaries existed; hence we could consider it reflex, when we produce the menstrual flow, when the ovarian tissue is grafted in the muscular tissue in any part of the body, then it would appear that the hormone theory might be correct. Starling and Bayliss have shown that grafting the mammary gland of a rabbit under its ear at the lactation period, the gland will perform its function, again apparently showing there is some chemical messengers circulating in the blood.

The old idea that menstruation is dependent upon the contact of the discharged ovum with the endometrium has been disproved by such observations as those of Tuffier, who reported thirty-two cases in which both tubes had been removed for inflammatory disease, the uterus and ovaries being conserved; in all these cases menstruation persisted in spite of the fact the ovary was cut off from the uterus.

The student of medicine today has an opportunity for a much larger grasp on the subject, if he embraces it, than men of twenty and thirty years ago. The clinical thermometer that makes the treatment of all surgical and medical cases much more exact, was invented in that time.

The microscope, which is indispensable in medicine, has been largely developed in that time. I passed through my course of medicine and never looked through one, much to my regret. Gynæcology has grown to its full stature in that time.

The germ theory has been brought to its present standing. I can well recall Dr. S. D. Gross speaking of gonococcus infection, only to condemn it. In later years he was man enough to accept it.

The blood pressure instrument is comparatively new and of the greatest importance in the treatment of paralysis, arterio sclerosis, and many other diseases. Tuberculosis is being more and more studied, and many cures are wrought.

Electricity, which was always mysterious and wierd, has until recently been in the hands of quacks, consequently looked upon askance by medical men, is coming to the front as an aid in medicine and surgery, not as a cure-all. An agent that is so universally present, and so potent in other lines, must have some virtue therapeutically; this is now being studied and applied. I am expecting great things from static electricity

Preventative medicine is the hopeful field. In this direction the profession is concentrating its energies, and on this it will build its monument.

While we are having these great advances in the science of medicine, we must not forget the foundation was being laid years ago; there were teachers then that could not be excelled. I am sure if a young man sat under the teaching of Dr. Gross, and had one spark of fire in him, he could not help being enthused by such a magnificent presence, mentally and physically.

If the student was at all apt he could not go into the lying-in room without the inimitable Wallace coming before him when he was in want of aid. Then, again, the courteous DaCosta was a master in the practice of medicine.

I might mention a host of other great men of other times, all of whom worked and labored that we might enjoy the advantages we are today. With all these blessings we must not consider the science of medicine a finished subject—a closed book; it has passed through the ice age with its glaciers, having made great seams and scars on the surface of knowledge, finally forming beautiful rivers and placid lakes. Then, again, we have passed through the iron age, and made some things fast and secure.

Now I hope we are entering the golden age, when medicine is going to be placed as near as possible with the exact sciences, and we shall find tuberculosis, cancer, plague, pellagra, and all the scourges of the human family mastered.

Then we can say, good and faithful servant thou hast not wrought in vain.

The Journal of the Delaware State Medical Society.

EDITOR,
Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

Death Rate Among Infants

The general impression among medical men at the present time is that the death rate of infants has been much reduced in the past twenty-five years. Statistics would seem to indicate that there has been a reduction, but it is probably due to improvement in general mode of living, rather than to any advance in preventive or curative treatment of diseased conditions.

Dr. Stowell, visiting physician of the New York City schools and Children's Hospital, presents a review of mortality tables for recent years in the Medical Record, and his deductions are very interesting, as well as startling with relation to the present advanced ideas of the prophylaxis of infantile trouble.

His figures show that the death rate of infants under one year per thousand living has changed very little in the last thirty years in nearly all countries. Italy is the only country in which a material reduction in the death rate at this age is observed.

The U. S. census figures based upon deaths under one year per thousand, are very interesting. They are as follows: 1860, 207; 1870, 209; 1880, 231; 1890, 234; 1900, 191; 1907, 190.

It would seem that in spite of scientific feeding by milk mixtures, the mortality statistics do support the claim of great advance in relation to infants under one year.

Dr. Stowell's conclusion points to the same facts, namely breast-fed children have about the chance of life that orphans

have, and that the most important factor in the lowering of the infant death-rate is better training the mothers in better care of babies. No greater mistake and none more apt to be followed by serious results, can be made than to advise premature weaning of the child without exhausting every means to preserve the mother's supply of milk.

A peculiar condition now met with is that so many young mothers are unable to nurse their children because they have no milk, necessitating artificial feeding and adding difficulties to the already hard problem of infant raising. It may be that after all there is a greater improvement in mortality rates as explained by this fact. Even though the figures are about the same, there is a larger number being fed artificially, thus making a relatively lower death rate.



Malaria—A Convenient Loophole

It is a common practice with some doctors to label every disease which they are unable to diagnose—"Malaria." Some there are who resort to this diagnostic procedure, because they can think of no other term which would satisfy the frequently annoying thirst of the patient or his friends for information concerning the nature of the illness. Somehow, the laity hates to be suffering from unlabeled maladies. To be just sick is not half as nice as to have "rheumatism," "malaria," "liver trouble," and that of the worst form through which the poor sufferer had to be "pulled through." The result is, that a physician who is candid enough to admit his inability to diagnose an obscure case, will soon be forced to give way to his rival, who will make short work of the Gordian knot by slapping on a stock label. There is method in the madness and money in the method. Again there are those who honestly believe that malaria is the direct or indirect cause of many chronic ailments. In their opinion, the subtle poison of malaria modifies almost all diseases, if it does not actually appear under various disguises. Whether as intercostal neuralgia, chronic indigestion, intestinal autointoxication, anemia, and even septic conditions, it is the same "old boy" which must be attacked with quinine in massive doses. To these physicians, arguments maybe advanced in the hope of convincing them of their error.

Malaria is as much an entity as typhoid fever; it is a specific infection with the plasmodium malarial, characterized by a definite clinical picture. Conditions simulating malaria bear the same relation to the specific disease as the "typhoid state" does to typhoid fever.

It is reasonable to expect that in places where malaria is prevalent—true malaria, i. e., periodic chills, fever, etc., would be fairly common. Surely, all cases could not be atypical! Yet, in Delaware, typical malaria is comparatively rare. There is hardly a physician who sees more than 3-4 cases of genuine malaria a year, and many there are who have not seen one in a number of years. It having been established that in the past malaria of the genuine kind was quite prevalent on this peninsula, it follows that either the type has become modified or the disease comparatively extinct. Against the former supposition is the fact that no such modification has taken place in parts of the country where genuine malaria is still prevalent; in support of the latter are the laboratory findings of those who have failed to find the plasmodium in the blood of a patient supposed to be suffering from malaria. The truth of the matter is, that for some reason or other true malaria has practically disappeared, and what some physicians consider as malaria are cases of typhoid fever, autointoxication, or some other low grade infections, the etiology of which is still obscure.

Why not follow Oliver Wendel Holmes' advice and call every obscure case "a congestion of the portal circulation." A. R.

§ §

Another New Discovery in Surgery

The recent reports that have appeared in the newspapers describing a new anæsthetic and a new method of anæsthesia have the usual earmarks of sensational medical news. They lead the public to believe that this remarkable discovery is of recent origin. Every physician knows that spinal anæsthesia has been in use by certain men for the last few years, and that its value is a question that is undecided by the surgical profession at this time. The recent modification that is the basis for these press reports has been advanced by Jonnesco, and consists of the addition of a certain quantity of Strychnine to the anæsthetic used (Stovaine) to overcome its toxic effects, thereby enabling the operator to make the injection at any

point in the spinal column, and thus secure complete general analgesia. There is nothing new in the method of sufficient importance to account for the hysteria on the part of the press, and like all other wonderful discoveries related to medicine or surgery, time will demonstrate the importance and determine just how much value it will have. Already the modification has been condemned by prominent men at a meeting of the German Surgical Society, at Berlin, and now this eminent professor comes to America to get cases on which to try his methods, and incidentally get a large amount of advertisement in the form of newspaper notoriety.



A Professional Bouquet

It may be somewhat premature to call attention to the good things said about this publication but we cannot refrain from republishing the criticism of the Journal of the American Medical Association regarding the initial number. We feel that this bouquet is particularly note-worthy since it comes from such a source and we appreciate very much the words of commendation of the leading Medical Journal of the United States. We have tried to make this little paper appear to be just what has been described below and we feel that we are at least successful thus far. Our aim was to make a Medical Journal that was like no other Journal, and to be the only one of its kind and we shall endeavor to continue along these lines. The following extract from the January first, number of the Journal of the American Medical Association is as follows:

“Journal of the Delaware Medical Society. This very attractive publication makes its initial appearance with the December issue. So far as appearances go, it stands alone in medical journalism. It savors rather of the output of a society of art than of medicine—but that is favorable and not unfavorable criticism. Much credit is due the editorial staff for putting forth so commendable a piece of work. It is well arranged, well edited, and well printed on a dull finished paper, from clear, clean type, which does not try vision. The contents deserve the highest praise, and promise a good future for this publication.”

County Society Notes

THE November Meeting of the New Castle County Society was one of the most interesting ever held. Dr. John G. Clark, Professor of Gynaecology in the University of Pennsylvania, addressed the Society on "A Study of the Peritoneal Cavity with relation to its Medical and Surgical Respects." There was a large attendance, and Dr. Black's lecture was most entertaining and instructive. The meeting was followed by an informal reception to Dr. Black.

The annual meeting of the Society was held on December 23, and the following officers were elected:—President, H. G. M. Kollock; Vice-President, J. W. Bastian; Secretary, M. I. Samuel; Treasurer, W. H. Kraemer; Delegates to State Society: H. W. Briggs, F. L. Springer, H. G. Kollock, H. L. Springer, Frank Belville; Board of Censors: S. C. Rumford.

After the meeting the Society was entertained by Dr. Ellegood, the retiring President. A fine collation was served and a very enjoyable time was had.

Report of the Treasurer of the New Castle County Medical Society for the Year 1909.

Balance	\$ 21.20
Membership Dues	249.00
Revenue from Journal.....	211.00
Interest	2.94
Total.....	\$484.14

EXPENSES.

Postage	\$ 18.00
Printing	6.75
Journal	119.56
Entertainments	72.86
State Society 1908.....	60.00
“ “ 1909.....	90.00
Flowers.....	6.00
Total.....	\$449.97
Balance.....	34.97

Signed: W. H. KRAEMER,

Treasurer.

Transactions of the 120th Annual Meeting of the Delaware State Medical Society.

Held at Dover, Delaware, October 12, 1909.

REPORT OF THE HOUSE OF DELEGATES.

(Continued.)

Committee on Public Policy and Legislation, P. W. Tomlinson, G. W. Marshall and H. R. Burton.

Committee on Medical Education for three years, R. B. Hopkins.

Committee on Necrology, H. G. M. Kollock, L. S. Conwell and W. T. Jones.

DELEGATES.

American Medical Association, J. H. Wilson. Alternate, P. W. Tomlinson.

Maryland State Medical Association, James Blake, G. F. Jones and J. L. Crossmore.

New Jersey Medical Association, William Wertenbaker, C. G. Harmonson and Joseph Martin.

New York Medical Society, Frank Belville, C. J. Harbordt and O. D. Robinson.

Pennsylvania State Medical Society, Harold L. Springer, William Marshall and W. F. Haines.

Delaware State Pharmaceutical Society, W. H. Kraemer, J. L. Pratt and J. N. Fooks.

Ten Candidates for the Delaware State Medical Examining Board: H. W. Briggs, H. L. Springer, P. S. Downs, E. S. Dwight, J. W. James, J. A. Ellegood, D. W. Lewis, L. A. H. Bishop, W. P. Orr, J. K. Frame.

Wilmington was selected as the next place of meeting on the second Tuesday in October, 1910.

On motion the House adjourned.

On motion the Society heartily commended and approved the efforts of Dr. Wiley toward improving the purity of foods and drugs. The Report of the Auditing Committee was then accepted as follows:

To the House of Delegates, the President and Fellows of the Delaware State Medical Society:

We, the undersigned members of the Council of this Society, beg leave to report that we have audited the accounts of the Treasurer, and find the same correct, as herewith submitted, said report showing a balance in the hands of the Treasurer of \$343.66.

H. J. STUBBS,
J. H. WILSON,
P. W. TOMLINSON,
G. W. K. FORREST, Secretary.

Report of Secretary of Kent County Society

Pressly S. Downes, Dover



THE Kent County Medical Society has held its meetings this year, with the same officers of the preceding years.

Our total membership numbers twenty (20), all in good standing — evidenced by a most excellent state of the finances. We have lost one member by death — none by removal. There are a few regular physicians of our county who are not members, but we intend to continue our hearty invitations to join our Society, which probably they will do under new influence.

Papers were read during the year on Typhoid fever, Scarlet fever, Rabies, Tetanus, Cancer and Tuberculosis.

Discussions were all instructive — especially on Preventive Medicine.

This year's meeting of the State Society will receive more than the usual attention outside the profession, and will be conspicuous in public view, because modern medicine grows constantly into close relations with subjects of general public concern. People have learned to look to medical men, not merely for the treatment of disease, but still more for the protection of health.

Preventive medicine, hygiene and sanitation occupy an increasing proportion of thought and activity in our County Societies, and in consequence the State Society takes on a wide public interest that did not attach to the "old-time" gatherings.

Dispensaries are being established for the treatment of cases of tuberculosis, and doubtless are appreciated by the worthy poor and all concerned. As for any cases being neglected in Kent County, because of mistaken diagnosis on the part of physicians, I would not

believe it. I am sure every member of our Society is eminently capable of quickly detecting and recognizing the disease when it exists, even in its incipency.

I understand, the other day in Philadelphia, a certain medical gentleman declared that 90% of the physicians cannot diagnose tuberculosis. That may be true of Pennsylvania physicians, but surely not of Delaware doctors.

We urge harmony among physicians, and the culture of ethical ideals. We admonish of the blighting influence of commercialism, which made nations drunk with its vaunted success, that strangled the muses to death, and enthroned the *dollar* in their place. We look to the prevention of future ills, by outlining plans for the conservation of human life and energy, by inspiring the public to the enactment of Pure-Food laws, the protection of water supplies, the extermination of parasites and disease-bearing insects, the fight against tuberculosis, and the enforcement of general hygienic measures. We wish to lead men to right living and to have the knowledge of human nature, and even understand the spiritual requirements of our clientele, that we may off-set their inclination to turn to Christian Science and other forms of so-called mind-cures.

For medical men to be of the greatest value to the community at large, there must be organization, co-operation, the corner-stone of unity and friendship, industry and enthusiasm, supported by a high minded profession—is the golden key that would unlock the portals of Utopia. I have reason to believe that the ensuing year will be the most successful period of our Society's existence.

In the framing and enforcement of health laws, the Legislative Committee of our County Society is always on the alert, and will do its duty. We declare, emphatically, against the use of benzoate of soda, boric and salicylic acids and their compounds and all other similar chemicals; such preservatives are unnecessary and detrimental to the public health. We endorse the stand of Dr. Wiley, Chief of the National Bureau of Chemistry.

The conquest of disease depends on the education of the public, and the question is:—What is the best method of inculcating such education? Some physicians regard the newspaper as an ideal medium for conveying information to the public on preventable diseases. Aside from the instruction of children in the Public Schools, the press is, doubtless, an invaluable avenue through which the lay public may

be reached. The Schools are teaching hygiene and some knowledge of the better care of the body ; but the work is not going forward as fast as it might. It is by no means as thorough as it should be, nor is it popularized to the extent that it might be.

Every School Board should have at least two physicians as directors. Dr. Clark advocated, at the meeting of the Pennsylvania Medical Society, lectures before Women's Clubs and judicious talks by physicians to their patients, as a means of education. He said—"Hedged about by our ethics, medical knowledge has been too much the property of a closed corporation." The public may say—"Talk is cheap." We would like to see something done. What has the medical profession done?

Who was it that made the occupation of Cuba possible, and reclaimed it for civilization? It was the physicians and medical officers, and *not* the fighting men. It was they who have conquered the Philippines; and it is not too much to say, that the expectation of success in the Panama Canal rests less upon the engineering skill of Colonel Goethals, than upon the sanitary administration of Doctor Reed and Colonel Gorgas. The engineers are still struggling with the same engineering problems that confronted the French; but the pestilence that defeated and destroyed the French has no terrors for the Americans who are living and working securely in what was thought an uninhabitable zone. This is but one instance, though a most striking one, of a victory over disease, that in some sense has changed the course of history.

The advance of pathological and bacteriological science has not only given us greater certainty in our teaching; it has vastly extended our influence from that of the individual counselor in occasional distress, to that of the public counselor for the general protection from those very distresses which formerly gave the incentive to call upon us.

There are country doctors now living in what were formerly malarious districts, who have seen their own practice dwindle through their successful efforts for public sanitation, and through the advance of popular education in which they have been themselves the *unselfish* leaders. *Unselfishness!* How bright and glorious its personality! No thought of self—no care of self. No sorrow—though sorrow is known but scarce acknowledged, save in the sorrows of others. No anxieties for profit or pleasure or praise, though the heart may be hungry; but only a longing for the good which shall make radiant the lives of other men.

Dover, Delaware, October 12, 1909.

Therapeutic Progress

Albert Robin, Editor



THE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observations, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

Solomon Solis Cohen found that a solution of magnesium sulphate, applied locally, will relieve deep-seated pains.

Treatment of Infantile Diarrhea. Dunn classifies diarrhea in infants into 3 types, and suggests the following treatment of each:

1. Acute nervous diarrhea. Treatment: Castor oil or calomel, temporary dilution of food, paregoric in persistent cases.

2. Acute intestinal indigestion; deficient secretion, irritative diarrhea. Treatment: Castor oil or calomel, boiled water for 24 hours, barley water or other carbohydrate solution, for another 24 hours, followed by dilute modified milk, with low fat and high, sugar and whey proteid; irrigation of colon in long standing cases.

3. Acute intestinal indigestion, fermentation type, fermental diarrhea. Treatment: Castor oil or calomel, boiled water for 24 hours, avoiding proteid foods, as albumin water or whey; barley water 24 hours; buttermilk (specific); irrigation of colon twice daily; antidyseuteric serum in persistent cases.

For the treatment of fermental diarrhea, Dr. Nowlin recommends a solution of bichloride in water, 1 gr. to 4 ounces. Of this 10-15 drops are given every 4 hours until the movements become yellow. Castor oil is given at first, and food withheld for 24 hours.

For the dry, hacking cough of acute or chronic bronchitis, Dr. Neff uses magnesium sulphate, one ounce to three ounces of water. Tablespoonful every morning.

Eczema. Dr. Fellows claims curative properties for the following combination:

Lac sulphuris	grs. ii.
Zinci oxidi	gr. i.
Ichthyoli.....	grs. ss.
Mentholis.....	grs. ss.
Petrolati.....	grs. iv.

M. Sig.—Thoroughly rub in each night after washing with sulphur soap or some germicidal soap.


The Effect of Fibrolysin upon Scar Tissue. Experiments on animals, performed by Brandenburg (*Archiv für Klinische Chirurgie*, Bd. 98, H, 1) seem to show that this drug (thiosinamine in glycerin) has no lasting effect on scar tissue. During the experiments, the animals suffered from apathy, sleepiness, anuria and emaciation. Sterility was noted.

Gonorrhea Quickly Cured by Sealing Argyrol in the Urethra.—Ballinger. (*The Therapeutic Gazette*, November 15, 1909) describes his treatment as follows: The glans, penis and foreskin are well washed with soap and water; the patient then reclines on the operating table or chair, and a clean towel placed around the penis, so as to protect the clothing; a small piece of cotton saturated with 10% solution of cocain, is then placed on the meatus, so as to prevent the slight pain that would follow the application of collodion; then about 10 drops of a 5 to 8 per cent. solution of argyrol is injected into the canal with a hypodermic syringe, with a bulbous point. The thumb and finger holding the glans back of the meatus are tightened and the

Medical Education

Henry W. Briggs

AMERICAN MEDICAL COLLEGES

 HERE are 335 medical colleges in the civilized world, of which number 48 per cent., or 161, are in the United States. The excessive number of American Medical Schools, (nearly one-half of the entire number in the world) is recognized as a weak point in our general medical education, and tends to discredit physicians educated in America. All the medical schools of Europe are medical faculties of universities, or are under direct control of universities. There are no proprietary schools, such as are found in this country.

While there are, undoubtedly, in the United States medical colleges with requirements and equipment equal to any in the world, the good suffer by involuntary comparison with the bad, and thus all suffer alike. The large number of American medical colleges has in the past been due, in a measure, to the ease by which a legally incorporated medical school could be organized under the laws of the various States, the majority of which require no guarantee as to capital, equipment or facilities for teaching medicine or surgery. As a result of this, many low-grade schools have, in the past, been incorporated for purely commercial reasons, with little or no facilities for teaching, annually turning out hundreds of men with the degree of M. D., with practically no preliminary or medical education. It is a matter of record that applicants for examination before the Delaware State Examining boards have in the past shown absolute ignorance of not only any subject pertaining to medicine, but also of the ordinary branches taught in the primary departments of our public schools. Under the present law, with our higher standard of preliminary education, this class of applicants are not eligible for examination.

At the annual session of the American Medical Association, held in Portland, Maine, 1905, the Council on Medical Education was instructed to appoint a committee to act in con-

junction with a similar committee representing the American Institute of Homeopathy, for the purpose of investigating the American medical schools. This work was carried on with the aid of the medical examining boards of the various States in which medical schools were located. After two years of careful and exhaustive work, during which time each institution was visited and every facility, including its curriculum, corps of instructors, laboratory and clinical equipment were examined, the following report was presented: Eighty-one were rated at 70 to 100 per cent. Institutions thus rated are considered sufficiently well equipped to teach modern medicine and surgery. Forty schools are rated from 50 to 70 per cent., and recommendation is made that it be discretionary with state boards of examiners as to the admittance of applicants from these schools for examination. Thirty-nine are rated below 50 per cent., and rejection of applicants from these schools is advised. For the past two years, applicants from the low-grade schools, as represented by the list below the 50 per cent. standard, have been uniformly declined by the Delaware state examining boards.

The result of this investigation and report has been most beneficial to our system of medical education. Many of the commercial schools have been forced to close, and in many instances weaker ones have combined to form a single strong institution. The slogan of the future will be fewer and stronger medical schools, and whenever practical they will form an integral part of a university.

News Items and Personals

Personal

Dr. R. K. Tybout was operated upon for appendicitis at the Delaware Hospital in November.

Dr. Albert Robin has moved his office and residence to 1202 Delaware Avenue. Dr. J. B. Rutherford has moved to 718 W. 8th Street. Dr. Charles Green, who has been in University Hospital ever since having sustained a broken back, as the result of an automobile accident, June 19th, died on December 13th.

Homeopathic State Society Meeting

The Annual meeting of the Homeopathic State Medical Society was held at the Homeopathic Hospital, on November 11, 1909, and the subject of Scarlet Fever was discussed.

Homeopathic Hospital Commencement

The Commencement Exercises of the Training School for Nurses of the Homeopathic Hospital, was held in October. There were three graduates, and addresses were made by Dr. Julian Adair, of this city, and Dr. Wm. Speakman, of Philadelphia.

Change of Service at Delaware Hospital

The service in the Wards of the Delaware Hospital changed on January 1, and Dr. Joseph P. Wales went on duty in the Surgical Ward, and Dr. Joseph W. Bastian in the Medical Wards.

Better Training for Delaware Hospital Nurses

The Senior Class of the Delaware Hospital Training School for Nurses now has a six weeks' training in Obstetrics, at Johns Hopkins Hospital, Baltimore, thus completing in every detail the very thorough training which they receive.

Meeting of Board for Registration of Nurses

The Board held a meeting on December 6, at the Homeopathic Hospital, and fourteen nurses registered.

Quarterly Report of Delaware Hospital

The following is the report for the months of September, October and November, 2909 :—

Admitted	203
Discharged.....	197
Days Free Service.....	2,493
Days Pay Service	1,920
Total Days Service.....	4,413
Ambulance and Patrol Service.....	126
Operations	77

Typhoid Fever at Georgetown

The newspapers report a slight epidemic of Typhoid Fever at Georgetown.

Board of Education Considers Physical Examination of School Children

Declaring that the backwardness in studies, shown by many children in the Public Schools, is due to physical defect, Dr. T. O. Cooper, a member of the Board, induced that body to consider a physical examination for such children. He said the physicians who are members of the Board would give their services free; but that they alone could not examine the 10,000 children in the Public Schools.

Caution: Collection of Bills

Certain firms have persuaded some of our members to buy form letters, or a series of form letters, purporting to be sent by a collection firm. These letters are intended to be used by the purchaser in the collection of his bills.

Our members are cautioned not to use the forms, as so doing renders them liable to prosecution for obtaining money under false pretenses, and also jeopardizes their right to use the United States' mail.

The postal authorities have ruled that the act of buying printed forms from a firm, and with that firm's heading thereon, and mailing said forms to a patient in an endeavor to collect money, is a fraud. The firms selling the forms are not liable, but the individual using them is held responsible.

The information is from official sources, and the Bureau of the Chicago Medical Society should have the credit of obtaining it for the members.

Communications

Dr. Harold L. Springer, Editor.

Dear Sir :—

Special notice should be taken of three epochs in the life of man—that is to say, birth, marriage and death. The dates of these vital events should be recorded by law in such manner that no doubt can be raised in relation thereto and the legal proofs in connection therewith should easily be obtainable from the official having same in charge. As registrar of vital statistics the Secretary of the Wilmington Board of Health has charge of the recording of births, deaths and marriages.

A close observation, extending over a period of years, enables me to say that our death records are as accurate as it is possible to make them. When a person dies it is necessary to obtain a certificate of death, either from the attending physician or from the coroner, and file this with the Registrar and obtain a burial permit before the body may be buried. No cemetery will permit the interment or disinterment of a body without a permit from the Registrar, and no transportation company would accept a body for shipment without such permit. There is no expense attached to all this, while on the other hand the penalty for non-compliance is very heavy. For these reasons there is no doubt but what the certificate of every death which occurs within the limits of the City is filed with the Registrar.

On the contrary, the registration of births is very incomplete. Every day many inquiries are made at the Board of Health Office for the records of births, and it is surprising the number of cases which are found in which no record has been made.

The law requiring the registration of births was passed in the year 1881, and yet there are hundreds of our citizens under the age of 28 years, who were born in the City, and yet unable at this time to produce documentary evidence of their birth. Thus many of our citizens are denied the privilege, should occasion require, of obtaining a record acceptable in the law courts of our County concerning the first important event in their lives.

These records are required for pension and insurance purposes, to prove the right of inheritance and the settlement of estates, for establishing the proof of school and working ages and various other legal reasons. These are matters of the greatest importance; but unfortunately the birth returns are often neglected to be filed at the time of the occurrence.

Physicians look up your notes, and if you have attended an obstetric case, and not yet made the birth return, send the same in without delay. Do not withhold it because it appears a little old; it will be recorded in the proper place.

Yours very truly,

JOSEPH WIGGLESWORTH,
Registrar.

Wilmington Health Notes

On December 10th, seventeen houses were under quarantine in Wilmington; thirteen for scarlet fever and four for diphtheria.

A marked improvement can be noticed in the condition of our sidewalks and street crossings since the posting of the anti-spitting signs by the health officers.

The death rate of our City for the year 1908 was 14.64 in the one thousand inhabitants, which was the lowest death rate since a systematic record of vital statistics has been kept. The death rate for the present year bids fair to be a trifle lower even than last year.

Of the twenty-nine cases of typhoid fever reported to the Board of Health Office, between November 1st and December 10th, twenty-five of the cases were located in the 9th ward and east of Market Street. A thorough inspection and investigation on the part of the health officers failed to disclose any local cause for the abnormal number of cases reported from this particular locality.

New Filtration Plant in Wilmington

The Water Board had made arrangements to present the citizens of Wilmington, with pure filtered water as a Christmas present, and they expected to turn on the filtered water supply on Christmas day, but owing to unexpected trouble were compelled to postpone it until later.

Miscellaneous.

The Classification of Tuberculosis.



IN view of the importance of a correct recognition of the various stages of pulmonary tuberculosis, it is well to bear in mind the classification adopted by the National Association for the Study and Prevention of Tuberculosis. The classification is as follows:

Incipient.—Slight initial lesion in the form of infiltration limited to the apex of one or both lungs or a small part of one lobe.

No tuberculous complications. Slight or no constitutional symptoms (particularly including gastric or intestinal disturbance or rapid loss of weight).

Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours, especially after rest.

Expectoration usually small in amount or absent.

Tubercle bacilli may be present or absent.

Moderately Advanced.—No marked impairment of function, either local or constitutional. Localized consolidation moderate in extent, with little or no evidence of destruction of tissue or disseminated fibroid deposits. No serious complications.

Far Advanced.—Marked impairment of function, local and constitutional. Localized consolidation intense, or disseminated areas of softening, or serious complications.

1. *Slight Constitutional Disturbance.* Slight loss of appetite, of strength, of weight; lassitude; possibly slight acceleration of pulse or possibly slight elevation of temperature. The impairment of health may be so slight that the patient does not look or feel sick in the ordinary sense of the word.

Definition of Terms, Incipient.

2. *Slight Elevation of Temperature.*—Maximum temperature after rest for one hour, never over 99.5 to 100 degrees F. by mouth (or 100.5 per rectum).

3. *Slight Acceleration of Pulse.*—Maximum pulse rate not over 90 after rest for one hour, sitting or lying, except when due to causes other than tuberculosis.

4. *Absence of Tubercle Bacilli*.—Each monthly examination (if the sputum be negative) to consist of a careful microscopic examination, with a mechanical stage, of two smears, devoting at least three minutes to each smear, made from selected particles (at least six from different parts) of the sputum on each of three successive days. The morning sputum should always be obtained, or, better, the minute bits that some arrested patients raise at very infrequent intervals. It is not yet deemed wise to insist on digestion and centrifugalization or on inoculation of guinea-pigs.

5. *Infiltration*.—Physical signs of, slight prominence of the clavicle, lessened movement of chest, narrowing of apical resonance, with lessened movement of base of lung, slight or no change in resonance, distant or loud and harsh breathing, with or without some change in the rhythm (i. e., prolonged expiration), vocal resonance possibly slightly increased; or fine or moderately coarse râles present or absent. If sputum contain tubercle bacilli, any one of these.

6. *Apex*.—That portion of the lung situated above the clavicle and the third vertebral spine.

7. *A Small Part of One Lobe*.—An area of one or two intercostal spaces, or an area not exceeding 60 to 80 sq. cm. in extent, according to the size of the patient.

TERMS USED IN DEFINITION OF "MODERATELY ADVANCED."

8. *Marked Impairment of Function, Either Local or Constitutional*.—Local: Marked dyspnea on exertion, limiting seriously the patient's activity.

Constitutional: Marked weakness, anorexia, tachycardia.

9. *Moderate Extent of Localized Consolidation*.—An area of one-half lobe or less, but may involve both apices; marked dullness, bronchial or decidedly broncho-vesicular breathing; markedly increased vocal resonance; râles usually present. These signs are to be sharply limited as to area instead of gradually shading into normal physical signs.

10. *Evidence of Destruction of Tissue*.—Presence of tubercle bacilli or elastic fibres in the sputum or the presence of the physical signs of a cavity. There are no absolutely certain physical signs of a cavity, but a combination of any four of the follow-

ing signs is to be taken as indicative of a cavity: (1) cracked-pot note; (2) amphoric breathing; (3) intense whispering pectoriloquy; (4) a veiled puff or post-tussive suction; (5) bubbling or resonant râles. "Physical signs of softening" do not admit of any definition apart from that of cavity formation, and the term should not be used.

11. *Disseminated Fibroid Deposits.*—More or less localized areas of fibrous tissue, producing on physical examination, some change or dullness in the percussion note, more or less increase of vocal resonance, harsh, suppressed or broncho-vesicular breathing, râles sibilant or sonorous usually, but at times fine and moderately coarse.

12. *Serious Complications.*—These should be limited to tuberculous complications, such as meningitis, pharyngitis, laryngitis (except slight thickening in the posterior interarytenoid space, and superficial ulceration of a vocal cord), enteritis, peritonitis, nephritis, cystitis, orchitis, adenitis (unless very slight), etc.

TERMS USED IN DEFINITION OF "FAR ADVANCED."

13. *Intense Localized Consolidation.*—This term should be replaced by "marked consolidation of an entire lobe." "Marked consolidation" indicates dulness merging into flatness, bronchial or tubular breathing and other signs of consolidation as defined in Paragraph 10.

TERMS USED IN DEFINITION OF "APPARENTLY CURED."

14. *Constitutional Symptoms.*—These include elevation of temperature, loss of weight, loss of strength, night sweats, chills, tachycardia, cyanosis, loss of appetite, amenorrhœa, etc.

15. *Physical Signs of a Healed Lesion.*—These may embrace every physical sign of infiltration or consolidation (see paragraphs 6, 10), with the exception of râles, which must be permanently absent, except possibly a few fine râles at the base, probably atelectatic in origin, and at one apex or over a small part of one lobe. Râles in the latter two places are to be heard only during the cough, at the end of a prolonged expiration, or during the inspiration which follows the cough.

TERMS USED IN DEFINITION OF "IMPROVED."

16. *Constitutional Symptoms Lessened or Entirely Absent.*—By this is meant an improvement in the general condition as shown either by a gain in *both* weight and strength or by reduction of previous febrile temperature to normal without loss of strength.

TERMS USED IN DEFINITION OF "UNIMPROVED OR PROGRESSIVE."

17. *Essential Symptoms and Signs.*—These include, among others, weight, strength, appetite, night sweats, hemoptysis, pleurisy, dyspnea, temperature, pulse-rate, dulness, changes in vocal resonance and respiratory movement, râles.

TERMS USED IN DEFINITION OF "CURED."

18. *Ordinary Condition of Life.*—This term as used implies that the patient is able to live in an environment where he is able to support himself without the assistance of others, or to live in his former surroundings and pursue his former occupation.

The Female Catheter.

That a great deal of harm is done by the indiscriminate or faulty use of the female catheter, is well known. Many a practitioner and nurse lose sight of the fact that the use of this instrument is practically a surgical operation, and calls for the attention to aseptic details that every other operation does. Failure to act accordingly presents grave dangers and many a woman enters upon life of chronic invalidism following childbirth or some operation as a direct result of the catheter irregularities of her nurse or medical attendant.

To avoid such serious consequences catheterization should never be performed except under aseptic conditions; it should never be done by touch and the nurse or physician should see the urethral orifice; finally the catheter should be properly lubricated.

Few realize the great importance of proper lubrication, and yet both the comfort and safety of the patient may depend on this detail. The character of the lubricating material is all important. It should be absolutely sterile, perfectly bland and non-corrosive of instruments. It should be kept in a suitable container, free from all possibilities of contamination.

With the use of such lubricating material and careful attention to asepsis, the female catheter will lose its present sinister character as an instrument too often more active in the cause than in the relief of disease.

DELAWARE STATE SOCIETY.

President: PRESLEY S. DOWNES, Dover,
 Secretary: G. W. K. FORREST, Treasurer: S. C. RUMFORD

§ § §

Officers of County Societies**NEW CASTLE COUNTY MEDICAL SOCIETY**

President: H. G. M. KOLLOCK. Vice-President: J. W. BASTIAN,
 Secretary: M. I. SAMUEL. Treasurer: W. H. KRAEMER,
 1016 Washington Street. 307 S. Jackson Street.

§ § §

KENT COUNTY MEDICAL SOCIETY.

President: J. H. WILSON, Vice-President: E. S. DWIGHT,
 Secretary and Treasurer: P. J. DOWNES, Dover, Delaware.

§ § §

SUSSEX COUNTY MEDICAL SOCIETY.

President: WM. P. ORR,
 Secretary: JOS. K. FRAME, Treasurer: G. FRANK JONES

§ § §

Notices of Meetings

Delaware State Medical Society, October 11, 1900, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.

§ §

Sussex County Medical Society meets at Georgetown monthly. Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September and December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Spainger, 1014 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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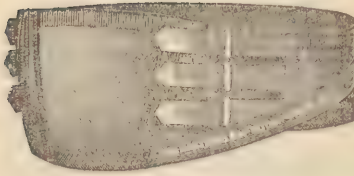
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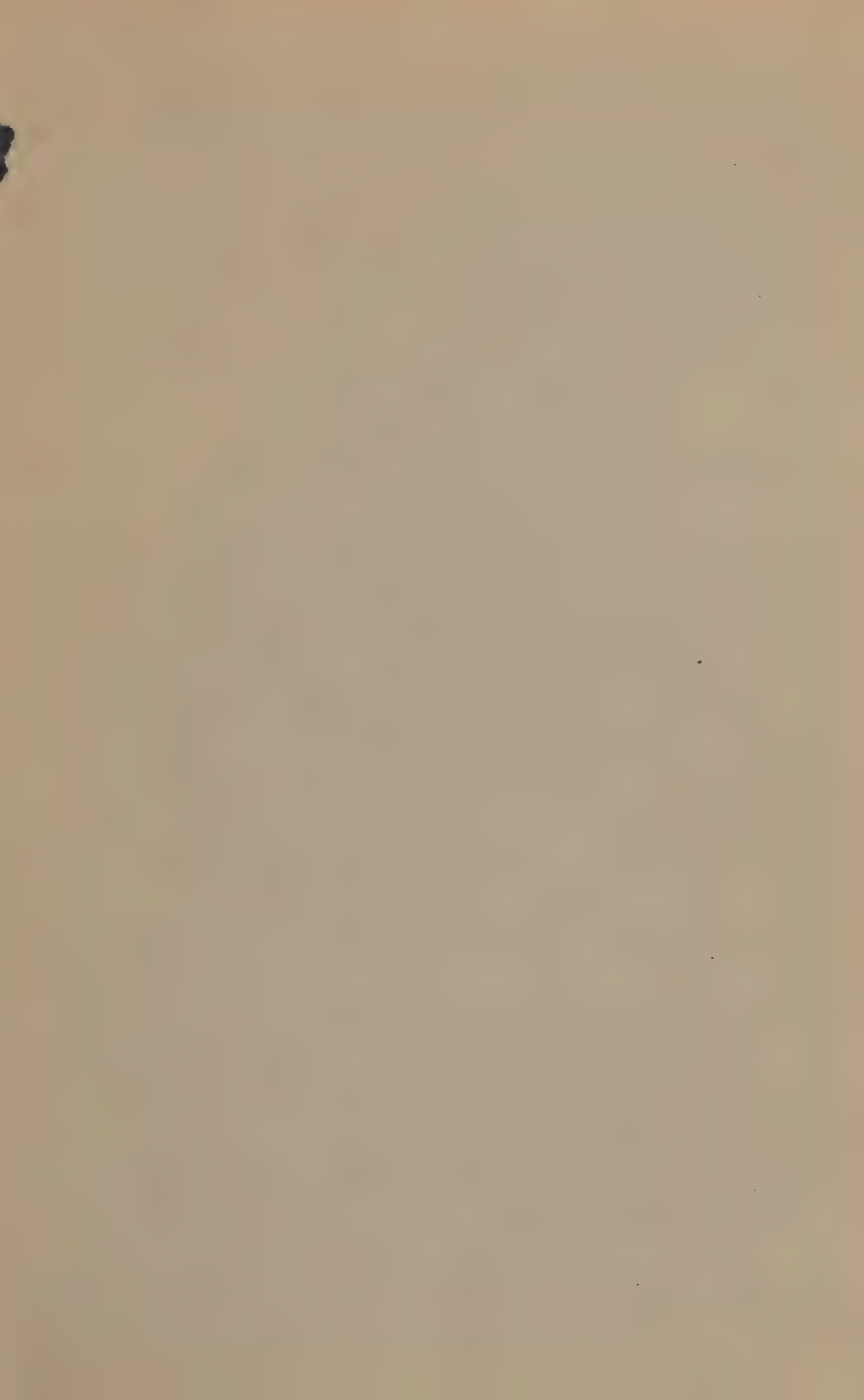
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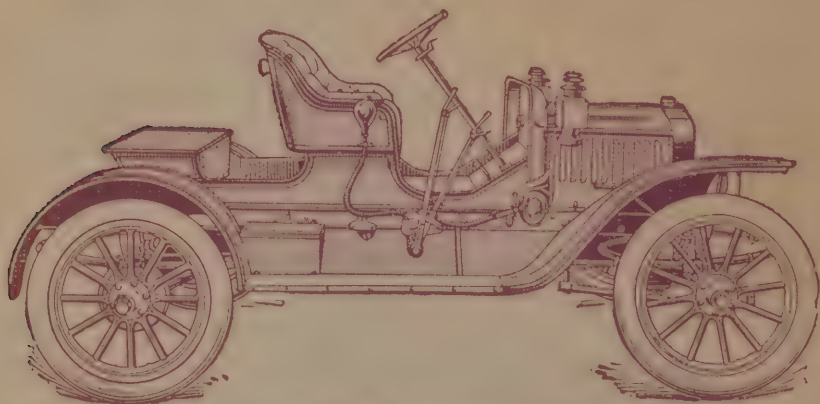
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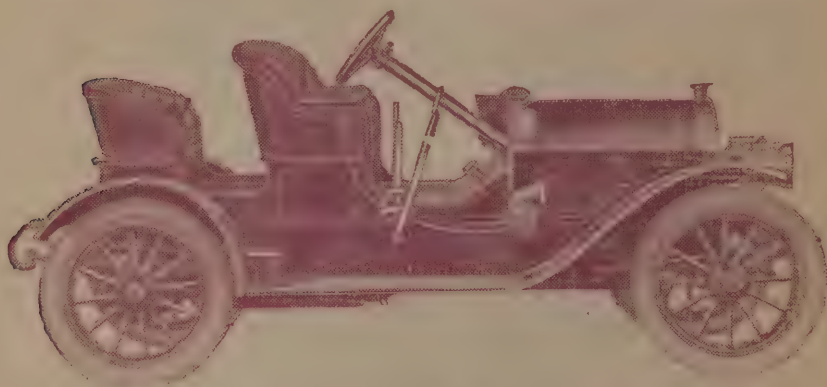
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THE JOURNAL

OF THE

DELAWARE STATE MEDICAL SOCIETY



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WILMINGTON DELAWARE

VOLUME ONE

NUMBER THREE

The Journal

Of the Delaware State Medical Society

VOL. 1.

FEBRUARY, 1910.

No. 3.

BOARD OF TRUSTEES,

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Contributions

¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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Original Papers

*General Principles Underlying Modern Therapeutics

Albert Robin

Wilmington

Therapeutics, or the art in the application of remedial agents to the cure of disease and relief of suffering, will forever remain the chief office of the physician; in fact, it has been, is and will forever remain his *raison-de-êtré*. All other branches of medical science converge towards that end; all the efforts of the profession from its very inception are directed towards that goal. It is, perhaps, because of this anxiety to fulfill his functions that the physician allows himself to be led into crude empiricism to his own downfall and the lasting detriment of the profession which he represents. The public demands relief from suffering; it clamors for a cure for every disease to which human flesh is heir. The sufferer pleads and threatens, prays and curses; and the physician, yielding to the natural desire to uphold his dignity and prompted by the noble motives of his profession, endeavors to supply the demand. He finds himself helpless in most cases, and, like one confronted by the enemy without means of defense, who grasps the first weapon at hand, be it a fragile stick or a massive stone too heavy to be lifted, he plunges into the arsenal and frequently selects a weapon of which he knows absolutely nothing save that it was placed there by somebody.

The progress of therapeutics seems to run in a circle, a vicious circle, we might add. We started with empiricism, polypharmacy, and shotgun prescriptions; and now, after centuries of evolution in the science of medicine, we find the majority of physicians resorting to empiricism, polypharmacy and shotgun prescribing, only in a more respectable, civilized form—in the guise of proprietary preparations. We crept when infants and we totter in our old age—in either event making but little progress.

In looking for a cause, we find a very peculiar set of phenomena: No matter what a practitioner may or may not do there

(*Read at Meeting Delaware State Medical Society, Oct. 12, 1909.)

will be a certain proportion of patients suffering from various diseases who will get well. The doctor who bled his patients from their veins, and he who bleeds their bank accounts get some of them well with equal celerity. The doctors who administered herbs and the priests who dosed their sick with prayers had equally good results. The laying on of hands was apparently as efficacious as salivation with mercury. The physician of Hippocrateon days, the priest who followed him, and the quack in their wake, were each and all successful practitioners. The allopath boasted of his cures by the administration of his ponderous drugs with an iron hand, and so did and does the homeopath—with his infinitesimal potencies. The Christian Scientist goes one better and “cures” with spirits, while old “Peruna” supplies the “spirit” in the tangible form of a cocktail. The scientific physician and the ignoramus, the skilled and the unskilled, the regular and the irregular, the honest practitioner and the unscrupulous charlatan, the electical specialist, and the user of certain vaunted panaceas—each performs miraculous cures which others failed to accomplish; and even the patent medicines have their honest admirers who were benefited “after all others failed.” It is this multiplicity of apparently successful remedial agents that obscures the physician’s vision, leaving him in total darkness; and in this situation, he either concludes that there is no light and there can be none (the therapeutic nihilist); or else he begins to imagine that he sees a flood of light, his imagination being fed by a distorted and confused mental vision. Happy is he who has the patience to grope cautiously in the darkness, making his way the best he can, until he shall emerge into broad daylight. In seeking an explanation for the multiplicity of “sure cures,” we find that there are certain forces in nature which one may accidentally invoke without realizing what he is doing, and which, again, may operate despite of anything that may be done. The “vis medicatrix naturæ” is as old as the traditions of Æsculapius, but it is only recently that we are gaining an insight into Nature’s ways and means.

Until we understand fully this “vis naturæ” we may accidentally aid Nature or we may unintentionally thwart her progress, but we cannot minister to the sick intelligently. This understanding presupposes such a knowledge of pathology and more

particularly pathologic physiology which none of us possesses as yet to the extent necessary in order that we may become intelligent therapeutists. We have learned a great deal, it is true, within the last few years. We shall learn more. We deplore the persistency of Nature in keeping her secrets (even if she is of feminine gender); but what shall we say of the physician who fails to familiarize himself with the knowledge already in our possession? He is like the man who would deliberately blind-fold himself, trusting to luck to find his way. Generally he is suffering from mental indolence and prefers to travel along the lines of least resistance. Were this a matter of personal convenience, we might pity his habit or his faulty reasoning, but when this attitude jeopardizes human lives entrusted to his care, ignorance becomes criminal.

The closer we study the nature of disease, the more we find that the natural tendency is towards repair rather than dissolution, with the exception, of course, of the natural dissolution of old age. Take the familiar example of inflammation, a process which used to be considered destructive in its character. Every stage of inflammation is constructive and defensive. From the concentration of the blood, and particularly the leukocytes, to the zone of inflammation to the repair of the damaged tissues, we see a succession of events, having for their purpose the elimination of the irritant and the defense of the organism. It is marvelous the numerous resources Nature has of preserving the life of the tissues. The irritant, be it a parasite or its toxin, is washed out or diluted, agglutinated, precipitated, dissolved, encapsulated or neutralized. If one method fails, another is brought into play. Solution of continuity is rapidly filled with granulation tissue, and the continuity restored, dead tissue is rapidly eliminated and the places filled in with fibrous tissue. In short, everywhere we see an active defensive campaign. Of course, Nature, especially when unaided, often fails; and it also frequently happens that the organism suffers from the substitution of one tissue for another, as when fibrous tissue takes the place of secreting cells; but the tendency to repair is always there. It is for this reason that prognosis is one of the most difficult tasks imposed on the physician; a task, I may add parenthetically, which is often unnecessarily self-imposed. The man who in the

estimation of the physician is not going to last six hours will now and again disappoint the doctor and the undertaker and live to a good old age, to the general merriment of the community; and an affliction which is apparently sure to prove fatal may for some unaccountable reason end in recovery. No one can estimate the vital resistance of tissues, endowed as they naturally are with defensive properties. Who can tell at what stage the destructive process will end and repair commence, or the organism adjust itself to the new conditions by a vicarious function of the sound tissues? It is for this reason that the longer a physician is in practice the more guarded is he in his prognostications.

The following case illustrates the wonderful "*vis medicatrix naturæ*" (Bajkoff, *Praktichesky Vrach*, Oct. 26, 1902): A peasant in an out-of-the-way Russian village was thrown from his wagon by a fractious horse and, in falling, lit on a scythe, which penetrated his abdomen, piercing the latter through. Following the withdrawal of the implement, considerable fecal matter passed through the wound. He remained without medical aid for three days, during which time the wound was discharging feces containing large quantities of cucumber seeds, the patient having eaten cucumbers on the advice of an old woman sorcerer. When taken to the hospital, some thirty miles distant, the patient was found in excellent condition, pulse and temperature being normal. The wound was cleansed and dressed daily, and in a month's time the patient was discharged cured.

In another case, which also occurred in Russia, a peasant was stabbed in the abdomen, the wound being large enough to permit the small intestines to protrude and fall to the ground. The patient picked up his guts, wrapped them in his dirty working apron and walked half a mile to the hospital, where he received proper surgical care. He recovered. This occurred exactly at the time when our late President McKinley succumbed to a comparatively light gunshot wound of the abdomen.

It is surprising how recent studies of the nature of pathologic manifestations have changed our therapeutic measures. Shock from hemorrhage is no longer treated with cardiac stimulants, for the latter, by increasing the force of the heart, may reopen the bleeding vessels.

Ruptured extrauterine pregnancy is no longer operated upon during the stage of shock, for the additional shock of the operation may kill the patient. There appears to be no danger from a foetal hemorrhage, as the latter stops when the patient's heart becomes weak (providing, however, that the coagulability of the woman's blood is normal), and the operation is more likely to prove successful when performed after the primary shock has subsided.

We no longer douche the vagina before and after labor, unless there are distinct indications, realizing as we do that by a douche we wash out the protective secretions of the vaginal canal.

We no longer operate for acute specific salpingitis, preferring to wait until the pus becomes sterile.

We no longer flush the abdominal cavity after opening an appendiceal abscess, having learned that by flushing the cavity we are likely to scatter the pus and break up the adhesions. Simple drainage is sufficient.

We no longer administer digitalis in valvular disease of the heart while there is perfect compensation, realizing as we do that a perfectly compensated heart requires no stimulation, and no other treatment save proper hygienic regimen.

We no longer fill a patient with drugs when all he needs is proper food and rest, or some hydrotherapeutic treatment.

Still, there are a great many unnecessary and often harmful things that we are doing. We are still frequently resorting to meddlesome surgery, meddlesome obstetrics and senseless drug treatment; and this because we are still ignorant of the ways and means Nature adopts in her effort to restore the individual to health; and instead of aiding Nature we harass her.

Disease being the result of a disturbance of the normal balance of functional activity, the causes reside in the environment of the organism as a whole, as well as the more restricted environment of the individual cells or groups of cells. So intricate are the environmental conditions and so constant the inconstancy of the various factors involved that there is little wonder that now and then the normal reactions of the tissues fail to take place and the balance is disturbed. In a large majority of cases there is an automatic adjustment which soon restores the

equilibrium, but in a considerable proportion of instances this automatic adjustment is inadequate, and Nature calls loudly for help. It is here that the trained physician steps in with his science (or knowledge of the structure, function and the nature of the various alterations of structure and function) and his art (the application of this knowledge to the achievement of practical results), and aids Nature in restoring the normal equilibrium.

Excluding from our consideration the use of specific agents for the cure of infectious disease, and looking over the field of therapeutics from a rather broad standpoint, we observe two fairly definite lines of treatment. One is rest in all inflammatory processes and the other stimulation in all degenerative conditions.

Inflammation is the response of the cells to an irritant. It is obvious, therefore, that any agent, be it mechanical or chemical, which will increase the irritation or, by stimulation, render the cells more sensitive, will aggravate the condition and *vice versa*. We are all agreed that acute inflammatory conditions accompanied by fever require absolute rest, but in the absence of fever, the indications for rest do not seem to be so clear. Yet, rest is as urgently needed in this class of cases as it is in fevers. In diseases of the stomach, such as ulcer, hyperchlorhydria and chronic gastric catarrh, rest should be afforded by a bland, easily digestible diet, stimulants being distinctly contraindicated. In fact, I know of no better remedy in acute indigestion than the complete withdrawal of food for 24-48 hours.

In neurasthenia, which is characterized by hypersensitiveness of the nervous system and increased metabolism, as shown by increased tissue waste, rest is one of the most important remedial agents, as shown long ago by S. W. Mitchell. In these cases strychnine is distinctly contraindicated, as is exercise. The following cases will illustrate this point:

Miss F., age 35, stenographer in a very large firm. Family history of no importance. Has worked hard for a number of years. A sudden disappointment was the straw that broke the camel's back. She became very nervous, excitable and irritable. Suffered from nervous indigestion and insomnia. She was advised to take a vacation, and for two months lived in Atlantic City, taking in all the sights and amusements, "so as to forget

herself," as she expressed it. She returned a complete wreck. Now, had this patient been given a rest cure, she would have undoubtedly recovered.

Mr. M., age 30, draughtsman. Family history negative. Patient had Pott's disease in childhood. For the last few years worked very hard, and became neurasthenic. Had to quit work. His uncle, a physician, advised him to take exercise, took him along in his automobile for long rides, and generally "kept him going." As further means of forgetting himself, the patient took a plunge into the matrimonial sea, and made bad matters worse. He became decidedly hypochondrical, entering into a state of complete nervous exhaustion. He was advised absolute rest, placed on a bland nourishing diet, and in three weeks improved considerably. He then ventured to Philadelphia to see his wife. He came back in a week with a return of his former symptoms.

These two cases illustrate the wrong treatment of what I would call hyperesthetic neurasthenia. There is another form of neurasthenia which I would designate as "depression." This form is characterized by a depression of vital activities: hepatic and renal insufficiency, gastric and intestinal atony and consequent defective elimination of waste products, a tendency to inactivity and a melancholic state of mind. In such cases exercise and stimulation are indicated.

As to drugs, while bromides are indicated in the first group, strychnine is in the second, these patients being harmed by bromides.

The value of rest is particularly emphasized in the hyperesthetic neurasthenia of the tuberculous. And here I may be permitted to remark parenthetically that in my opinion neurasthenia frequently prepares the ground for the development of tuberculosis, and is thus a cause rather than an effect.

My own observations convinced me that in the modern treatment of tuberculosis rest, and by this I mean complete rest of body and mind, away from home, plays the most important role in the cure of incipient and the arrest of advanced cases. Guided by this principle, I have during my service at the Delaware Anti-tuberculosis Sanatorium kept the patients in a state of complete rest, in bed for the first week and in a state of inactivity later until definite improvement sets in, when graduated exercise is

introduced into the regimen.

In interstitial nephritis and the closely allied condition of arteriosclerosis, rest, again, is the only proper mode of treatment. A quiet life, a bland diet, free from an excess of proteids, and a tranquil mind, will diminish proteid metabolism and lighten the burden of the kidneys and the circulatory system. Diuretics and stimulants are here distinctly contraindicated. On the other hand, in parenchymatous nephritis, in which form the renal epithelium is undergoing degeneration, stimulation may awaken, temporarily, the dying forces, and, by promoting elimination, afford some measure of relief.

Contrasted with these conditions of irritations and inflammation are those which are degenerative in character from the first and are made evident by various states of ataxia. Here stimulation is required to promote proper metabolism, and this may be accomplished by a large variety of agents, of which drugs are only a small part. Electricity, in its various forms, massage, balneotherapy, hydrotherapy, in short, every possible agent which has been found to stimulate the cells to normal reactivity may be resorted to. And here I wish to enter a protest against the narrow-mindedness which restricts the physician to the use of certain remedial agents only, leaving the quack and the charlatan the broad field of what S. S. Cohen has very properly designated "physiologic therapeutics." A physician has no right to withhold from his patients the benefit of any mode of treatment which has proved efficient, be it a drug, a physical, chemical, or even mental agent; and, moreover, he should be prepared to administer the treatment indicated or refer the cases to such of his colleagues as are able to do it for him. Homeopathy, allopathy, eclectics, etc., are monstrosities. A physician should use every possible means of curing his patients, and only he is privileged to do so because he alone possesses the required knowledge which underlies the proper application of the various remedial agents.

The Journal of the Delaware State Medical Society.

EDITOR,
Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

The Tuberculosis Problem

Consumption is a subject the consideration of which is the most vital and at the same time the most complex health problem before the world to-day. While the solution is not an easy one, it is much nearer than it was five years ago. The answer will be found to be in prevention rather than cure. Sanitariums should be established for the curable cases, and for the advanced cases as well, for the vast majority (98%—Baldwin, Saranac Lake) of patients afflicted with this disease are beyond the reach of beneficial influence. The work in our own State shows that most of them are beyond the influence of not only the district and Tuberculosis dispensary nurses, but the family physician as well. The solution of this problem must therefore be in the prevention, and prevention can only be accomplished by education of the people in general, especially the masses. The best way to bring about this campaign of education is through the public press and through the methods of working used by the Tuberculosis dispensaries. The medical profession can do an enormous amount of good in this campaign and it is the duty of every physician to use his influence as far as possible.

Delaware occupies a front rank in the organization and work done along these lines. The Delaware State Tubercu-

losis Commission, The Delaware Anti-Tuberculosis Society and the Red Cross Society are waging a war to the finish and already a large amount of good has been done. There is, however, a very important factor missing, without which it is impossible to cope with this disease in a thoroughly satisfactory and successful manner. We refer to compulsory registration of all cases of Tuberculosis of the Lungs. Without this it is impossible for the dispensaries to keep in touch with all cases because of the tendency of many persons to hide the fact that they have this dread disease. The Board of Health of Wilmington, through its very efficient Secretary, has been an advocate of this for some time and we would heartily endorse such action.



Lodge Practice

The subject of lodge and contract practice is a crying evil of the medical profession that is in evidence in all parts of the country, and there is no other one thing that is working against the welfare of the profession in general in so serious a manner. The thought that physicians farm out themselves and their services in a wholesale way to the lowest bidder is particularly disgusting. The price paid is so ridiculously low in most instances as to be a mere pittance and threatens to seriously undermine the profession itself. The most common way in which it is done is as medical examiner or attendant to some beneficial organization, a society, perhaps, that aims to be of benefit to its members, but is certainly not to the doctor. We admit in most instances the price paid is all that the services supplied are worth, for it is hard to believe that a conscientious doctor can have so little self-respect as to value himself at so low a price.

There is absolutely nothing to be said in favor of this degrading practice of providing patients with treatment and sometimes medicine at a rate as low as 10 cents a week. The physician is simply bought at the lowest possible wholesale price to have his services sold for all they will bring at retail.

The report of the Bureau of Associated Charities of Chicago, made in the spring of 1907, showed that the total com-

pensation paid to physicians employed by these Orders was as low as 24 to 75 cents per month. This is degrading and pauperizing to the physician and the patient as well, and persons not able to pay any more than this should be treated at free dispensaries. Physicians who lack so much in self-respect as to engage in this nefarious practice and are compelled to do so would be better out of the profession, for they are a real menace to their patients as well as to the public health on account of the quality of service which they must necessarily render. Furthermore, they should not be tolerated by the profession—or the public either, for that matter. Every physician should realize that he is helping to lower not only his own income, but the entire profession in his community, by hiring himself out at a rate lower than the usual one. The excuse of being a young man just starting, or of being compelled to do work of that sort on account of poverty is merely another and stronger reason against such practice. The managers of these concerns appreciate the fact that they cannot get a first-class, competent physician to serve at such prices and where one brings himself to such a level he can never rise above it without the greatest kind of effort. The better class of physicians look down upon this practice as do all who have the welfare of the profession at heart, and they are consequently disposed to criticize those who engage in it. In addition it seems that the majority of those employed by lodges, etc., are those who have been graduated from inferior medical colleges, who have had little or no preliminary education and who have had no hospital training. In other words, those who have had a training with reference to commercial views only.

Unfortunately, this practice includes a few men who are graduates of the best schools. What induced these men to go so far astray from the good principles taught them is hard to imagine.

Better and more thorough organization of the profession will help to correct this evil and every man in the profession should become fully aroused to this danger that threatens so seriously the welfare of our noble calling.

Dr. Joseph H. Chandler

The death of Dr. Chandler marks the passing of one of the most notable figures in the medical history of this community. He practiced medicine for a longer time than most physicians, and he endeared himself to his people in a manner far surpassing that of practically all. By education and professional attainment he belonged to a class now fast becoming unknown, the old-time family physician. He was the friend and adviser as well as doctor for his patients, and his presence in time of difficulty, stress and affliction endeared him to them in such a manner as to bind him to them by the closest of ties. The power for good which he thus wielded in his neighborhood cannot be overestimated, and the use which he made of it contributed largely to making the profession in Delaware honored and respected. His life was one of sacrifice and devotion to duty, and the many lives he has saved and the many persons who have had their sufferings and pain allayed by his skill and knowledge have lost a friend such as few persons are privileged to enjoy.

As the intimate friend and confidant of his people he was noted for his sound advice, his sympathetic nature and his extreme kindness, and he never failed them in time of need.

His success as a practitioner was noteworthy, and was undoubtedly due to his honorable and upright dealings in all things, as well as to his professional skill. His memory will always stand as an example to the members of the medical profession in Delaware, and the man will be lucky and indeed blessed who can lay down life's burdens as did Dr. Chandler. It can truly be said, he hath done his work well.

**Free Dispensaries**

There is a feature in the new Physicians' and Surgeons' Hospital to which we wish to call attention at this time. Usually, the multiplication of hospitals and free clinics in a large city leads to what is looked upon as the greatest curse of the medical profession—the abuse of medical charity. The desire to get patients brings about an indiscriminate distribution of free treatment, thus depriving the physicians of their legitimate income. While it is just and proper that the poor

should not be deprived of skilled medical assistance, because of poverty, it is unjust and improper that those who are able to pay for such advice should receive it gratis. No one expects lawyers, engineers, grocers and butchers to give their services free. Why should the burden fall on physicians? The reason is that the doctors themselves inaugurated this system, and the public takes them at their own estimation. It is the general rule in business that anything that is given free is worth all the recipient pays for. The giving of free medical service, therefore, unless it be an act of true charity, cheapens the doctor in the estimation of the people. The person who goes to a free clinic is usually imbued with the idea that "it does not cost anything, I might as well try it." How much respect can he have for the doctor whom he "tries," simply because it does not cost anything?

We sincerely hope that, in introducing free dispensary treatment, the management of the new hospital will guard against the evil of abuse of medical charity. A. R.



The Profession Overcrowded

Overcrowding of the profession, largely by the low-grade proprietary schools, with consequent cheapening of professional services, has so repeatedly been shown to lie at the bottom of fee-cutting in our ranks that this phase need but be mentioned here. Even the intelligent non-medical public is at last fully aroused to the financial risks of the professional life, and a prominent leader of opinion in a recent university commencement address advised his hearers to select one of the newer specialties rather than enter medicine, law, the pulpit or electrical engineering as a life's calling. With the excessive output of our medical schools, far beyond the needs of any natural increase of the population, no one can predict how soon it may become necessary to follow our French confreres and, through the American Medical Association, officially appeal to non-medical educational institutions that their graduates avoid the possibility of semi-starvation in the practice of medicine.

County Society Notes

At the regular monthly meeting of New Castle County Medical Society the following cases were reported:

Sarcoma of Kidney, Specimen—J. A. Draper.

Periosteal Sarcoma of Pelvis—H. L. Springer.

Dermoid Cyst of Ovary, Specimen—A. Robin and H. J. Stubbs.

Laryngeal Diphtheria—W. C. Pierce.

These most interesting reports were followed by a general discussion, in which many members took part.

The February meeting will be a memorial to Dr. Chandler.

The following resolutions were adopted:

WHEREAS, Our honored colleague, Dr. Joseph H. Chandler, has, in accordance with the wisdom of Almighty God, finished his life cycle amongst us, and

WHEREAS, By the death of Dr. Chandler our Society has lost a valuable and influential member, the profession an able practitioner, and the community a broad-minded, charitable, patriotic and useful citizen; therefore be it

RESOLVED, That while we submit to the will of the Great Physician in calling to his final rest and reward our fellow-member, we deplore his death deeply and feel that each member of our society has lost a personal friend.

Dr. Chandler was the ideal family physician, widely and favorably known in public life, learned and skilful in the practice of his chosen profession, which he successfully followed for nearly half a century, wise and sympathetic in his counsel and advice, honorable and upright in all dealings with his fellow-man, we are encouraged to emulate his example in all that pertains to the practice of our profession.

To his family we extend our deepest sympathy.

RESOLVED, That this resolution be spread upon the minutes of this society and be published in the "Journal of the Delaware State Medical Society," and the daily press, and a copy sent to the family of the deceased.

(Signed)

HENRY J. STUBBS,
HENRY W. BRIGGS,
HENRY A. CLEAVER,
Committee.

Transactions of the 120th Annual Meeting of the Delaware State Medical Society

Held at Dover, Delaware, October 12, 1909

REPORT OF THE HOUSE OF DELEGATES (Continued)

Report of Treasurer

I take pleasure in submitting to you the following report of the Societies' finances :—

RECEIPTS.

Balance on hand, October 12, 1908.....	\$357 91
Dues from Newcastle County Society	52 00
" Kent County Society.....	42 00
" Sussex County Society.....	54 00
Rental of exhibit spaces	35 00
Dividend on bank stock.....	35 00
Dr. J. A. Ellegood for reprints	5 75
Interest.....	8 43
	\$590 09

EXPENDITURES.

Amount Bonding Company	\$ 2 00
E. H. Brennan, furniture supplied	5 00
T. J. Wier, cigars.....	7 50
G. W. K. Forrest, postage, etc.	6 20
Julian B. Robinson, printing.....	10 00
E. E. Hanna, caterer	80 98
A. F. Brecker, stenographic reporting.....	16 00
American Medical Association	68 75
H. W. Briggs, expenses as delegate to Chicago	50 00
	\$246 43
Balance in bank, October 9, 1909	343 66
	\$590 09

Yours truly,

SAMUEL C. RUMFORD, Treasurer.

Wilmington, Delaware,
October 11, 1909.

120th Annual Meeting of Delaware State Medical Society

Called to order at 10.20 p. m. by the President, Dr. Henry T. Stubb.

Rev. A. W. Lightbourne, D. D. offered the following prayer:

Almighty and everlasting God, the Creator of all things and the preserver of all men, we come to make acknowledgment of the manifold mercies, which we have, unmerited, received at Thy gracious hands. We come to confess our unworthiness and to place ourselves in a humble and penitent attitude before Thee. We thank Thee that Thou art ever present with Thy creatures; that Thou art not limited by either time or space. The ordinary boundaries do not limit Thee. Thou art everywhere present with the same concentration of almighty energy. We thank Thee that Thou art present not only as the great Creator, the Architect, the Governor of the universe, but that Thou art intelligently and sympathetically interested in us all; that Thou art not only the Creator, but the Preserver; that Thou art the Conserver; that thou dost help; and Thou dost help lovingly and tenderly. We thank Thee that we can look up to Thee and call Thee lovingly and unhesitatingly, Father; that all there is in Thee, of power, of intelligence, of compassion, belongs to us; all is used for us; all is pledged eternally for our good. We thank Thee, Oh Lord, that we are permitted to work with Thee along the great lines of Thy beneficent action in practical helpfulness. We thank Thee that Thou hast called these, my brothers, in their great profession, to work out, with Thyself, the mitigation of human suffering, and the amelioration of the condition of the human family. We thank Thee that Thou art working out Thy great plan and Thy great purpose in the human race. We thank Thee for the activity of Thy servants everywhere, and that Thou art bringing men everywhere to see that Thou hast an ultimate race and an ideal human condition in view. We bless Thee that Thou hast given us the honor and the privilege of helping Thee, in these great plans and in this great work of Thine. Make us more responsive; make us more appreciative;

make us more dutiful ; bring us into closer communion with Thee, and when Thou hast accomplished Thy desires and designs in our lives and our activities, receive us all unto Thyself. Amen.

The President:

The Honorable John R. Nicholson has been taken ill, and we will call upon Dr. Downs to take his place.



Address of Welcome

Dr. P. S. Downs, Dover:

Mr. President and Fellow Members of the State Medical Society:

This is a duty I did not anticipate. Dr. Wilson was expected to take the place of Chancellor Nicholson, but, as he is not present, I will say, we are very glad to have you with us; we offer you a hearty welcome. The meeting this year is peculiarly interesting, because of the fact that it meets in Dover, and that the first President of the Society was born near Dover, in this county, and was a very celebrated physician of Revolutionary fame. And all the Presidents of our Society, so far as I know, have endeavored to hold up the high standard, down to the present officer. We will try to treat you well to-day. Our homes are open to you. Not only the physicians, but our clientele, the town, the citizens, extend to you a pleasing reception, and even the hotel is ready. And we, as members of the Kent County profession, give you a most cordial welcome.

Report of the Secretary of the New Castle County Medical Society.

Mr. President and Gentlemen:—

The meetings of the New Castle County Medical Society have been held monthly during the year with the exception of July and August, and I am glad to report with an average larger attendance than during the previous year. A change in the arrangement of the program was inaugurated at the beginning of the year and this program was announced at the January meeting. The Committee decided to pay more attention to the social side of the meeting, believing that the best way to increase the good feeling between the members of the profession is to have them better acquainted with each other. Plans were laid for four social meetings during the year. One of these was a smoker held in May, another an outing in June, a smoker in the fall. It has always been customary to have a social meeting with refreshments at the annual meeting of the Society in December. This year an outing was held at the country home of Dr. L. H. Ball and was a complete success in every way. The program consisted of an informal discussion of medical ethics, and nearly every member present took part in the discussion.

The program for the year included an address by Dr. A. C. Abbott, Professor of Hygiene in the U. of Pa., on "Filtration Method."

An address by Dr. W. S. Newcomet, of Philadelphia, on "Treatment of Carcinoma by Means of the X-Ray," illustrated with colored photographs.

Address by Dr. Chas. W. Burr, Prof. of Mental Diseases in the U. of Pa. on "Insanity."

Beginning in February the Bulletin, as issued during the past year, was enlarged and the name changed to "Journal of the New Castle County Medical Society." This has been published monthly, except during July and August, and has apparently been favorably received by the profession. The mailing list includes the names of all reputable physicians in the State. The cost of maintenance has been \$21.00 per month, and the expense has been met entirely by the income from the advertisements. We realize that there is much room for improvement, and the Editor has suggested to the House of Delegates of the State Society, that this publication be made the official journal of the State Society.

REPORT OF MEMBERSHIP.

Members in good standing October 1, 1909.....	60
Members dropped during the year for non-payment of dues.....	3
Deaths.....	1
Expelled	1
New members elected.....	5
Average attendance.....	29

RECEIPTS AND EXPENDITURES.

Dues	\$251.00
Income from the Journal.....	145.00
Total	<u>\$396.00</u>
Expenses for the Journal.....	\$124.00
Miscellaneous expenses.....	159.87
Total	<u>\$283.87</u>
Balance.....	

Generally speaking the New Castle Medical Society is a growing, living society, and is fast becoming of importance to the community. While there are many divisions of this society who are not regular attendants, who in fact rarely come, it is exceedingly gratifying to note that there has been an increase in the average attendance each year for the past five years. It is also very satisfactory to find the regular attendants and those most interested in the Society's welfare are, without exception, the leading physicians in Wilmington and New Castle County. The physicians from the outlying districts have an exceedingly high average attendance, and deserve special credit, since it usually means a sacrifice for them to be present. This society, in common with all others, has its coterie of obstructionists and complainers; but during the past year there has been very little evidence of it, and that only by those members that rarely attend the meetings. We feel that the time when there will be no jealousies or contentions among physicians will never come to pass until the millenium; but we feel perfectly safe in reporting a great improvement among the physicians of New Castle County now, compared with five years ago. We have no doubt that that this improvement will continue.

Signed,

H. L. SPRINGER,

Secretary.

Report of Secretary of State Society**Mr. President and Gentlemen:—**

Your Secretary takes pleasure in reporting a marked increase in the interest manifested by the members during the year just past, in the affairs of the State Society, as well as in the local meetings. The former indifference, which was apparent, has given place to an attitude of general helpfulness, which has been of the greatest benefit. The papers presented were of unusual excellence. They have been highly appreciated and widely commented upon. The interest and the discussion they aroused have proven most useful. During the year, the Secretary has observed the great need for an official organ for the Delaware State Medical Society. The Society is large enough and alive enough to warrant such a move. The other State Medical Societies find a State Medical Publication of the greatest possible necessity. It serves to bring members in closer touch at times other than the yearly meeting. It is an aid in the spreading of knowledge and experience. It should be of such a character as to keep us all concerned, not only in what is going on from day to day and month to month among us here, but in the medical doings of the country and of the world at large. The publication of the papers which are prepared during the year, the hints and experiments of our members, as well as of the information available from other sources, could not but be of infinite value. This opinion is shared by other State Medical Societies who, through their Secretaries, constantly request news of ours. It is gratifying to record that there has been an increase in the membership of the Society during the year, and we regret deeply the loss of some of our fraternity by death. The passing of Dr. J. J. Black, of New Castle, was a genuine bereavement. The Secretary suggests that Dr. E. M. Cooper, of Camden, be placed upon the active membership list for life, in recognition of his long and useful service to the Society, and to the Medical profession in general. We heard with deep regret, in the early summer, of the serious accident to Dr. Charles C. Green, of Greenville. The Secretary would suggest that this Society should send an official message of sympathy and good cheer to Dr. Green.

Signed,

G. W. K. FORREST,

Secretary.

Medical Education

Henry W. Briggs

STATE MEDICAL EXAMINING BOARD

In about the year 1890 there began to be established throughout the United States, by act of the Legislatures of the various States, State Medical Examining Boards, whose duties were essentially to examine all applicants who might apply for a license to practice medicine and surgery within the borders of that particular State, and pass upon the qualifications of each, with authority to accept or reject the same.

The necessity for the creation of these Boards arose, principally, from the character of the numerous medical colleges which were springing up throughout the country, a great majority of which were without the necessary equipment, either clinical or laboratory, and graduated students after two courses of lectures of five months each or less.

As mentioned in a previous article, many of these colleges were established solely for commercial purposes, and little attention was given to the actual teaching of medicine. Catalogues of these institutions were sent broadcast to prospective medical students and many inducements, including low tuition fees and short terms for the college year, were used to influence and attract those beginning the study of medicine and surgery; then, too, it was not uncommon for students to enter a better grade school and through a lack of a proper preliminary education, or personal application to his studies, fail to graduate. Such students were received with open arms into these low-grade schools, which virtually conferred the degree of M. D. for a stipulated sum.

In our recent fight before the Delaware Legislature for the passage of the amendment to our medical law, there came to the notice of those interested an instance where the degree of M. D. had been conferred by a school of correspondence located in Chicago, the recipient of the degree never having been in that city. Thus arose the necessity of some authorized body to protect the public from this class of unscrupulous and incompetent

doctors, and the problem was solved by the establishment of State Boards of medical examiners. Unfortunately, each State considered this matter by itself, and the result was a great variety of laws, no two being identical, and to this fact is due the difficulty in arranging for reciprocity between the different States; even where the laws are practically the same, there are wide differences in the enforcement of them.

Thus the State Examining Board stands between the medical schools and the public, determining whether an applicant is sufficiently well educated and trained to properly and satisfactorily follow the practice of medicine and surgery in any community. Delaware is one of the twenty-nine States with authority given in the statute to determine the fitness of medical schools, and whether the training given is of the best character.

The question of preliminary medical education is also one with which the State Boards of Examiners deal directly. Modern advance in medical science and art has made necessary a better preliminary preparation; you cannot place a trustworthy superstructure upon an unreliable foundation. During the past thirty years the progress along the lines of scientific medicine has been phenomenal. Up until that time any person with the slightest smattering of the three R's could, after two short courses of twice repeated lectures, offer his or her services at any time and place as a well qualified physician. At that time a micro-organism as the cause of infectious disease was unknown; bacteriology as a definite branch of medical science has developed since that time; serum-therapy, with its wonderful possibilities, is of comparatively recent date, and modern aseptic and antiseptic surgery has made possible the relief and cure of disease beyond the fondest dreams of our forefathers in the profession. With these advances comes naturally the necessity of a better preparation and the young man or woman who is prepared to-day to offer services to the public as an up-to-date and well-qualified physician and surgeon, must be as well educated and better equipped than one of any other profession.

It is a matter of regret that lack of uniformity in the various State laws makes it necessary for an applicant to qualify in each State, according to the laws of that particular State. This condition, however, is being gradually relieved by the establishment of reciprocal relations between the different States, and I believe the time is not far distant when a physician properly qualified to practice in any part of our country, can do so equally well in any other part without farther examination.

News Items and Personals

Personals

Dr. J. L. France, Wilmington, has returned from a two-months' trip abroad. Dr. G. W. Marshall, Milford, attended the annual meeting of the National Red Cross in Washington, D. C., on Dec. 6, 1909, as a delegate from Delaware. Dr. A. L. Clifton, of Smyrna, Ass't Surgeon, U. S. N., until recently stationed on recruiting duty in Cincinnati, has been transferred to the U. S. Ship Michigan, at League Island.

Dr. L. A. Kittinger died on January 1 of Uraemia, following several days' illness. Dr. Chas. P. White, who formerly practiced in this city, has opened an office at 826 Market street, to do special work in eye, ear, nose and throat.

Dr. Jos. H. Chandler died January 15, of heart and kidney complications after several weeks illness.

The Tuberculosis Dispensaries

Three new dispensaries for the treatment of diseases of the lungs have been recently organized by the Del. State Tuberculosis Commission, one at Georgetown, one at Harrington and one at Seaford. Arrangements are being made to open one at Dover in the near future. There is already in active operation one at Wilmington, Lewes and Milford, making six in all. The nurses, in connection with these dispensaries, have under their care a large number of the consumptives in Delaware.

New Assistant Editors

Dr. William Marshall, Jr., of Milford, and Dr. G. W. K. Forrest, of Wilmington, were appointed assistant editors of this journal at the last meeting of the Board of Trustees.

Applicants to Practice Medicine

At the December meeting of the Board of Medical Examiners of Delaware, there were five applicants before the regular Board and two before the Homoeopathic Board. One applicant failed to pass the examination of the regular Board.

Annual Report of Tuberculosis	
Patients Examined.....	214
Patients Supplied with Medicine	339
Patients Supplied with Eggs and Milk	101
Visits made by Nurses.....	1496
No. of Patients Visited by Nurses.....	234
Number Sent to Sanitariums.....	25
Total Amount Expended.....	\$13,706.21
Number of Physicians Connected.....	11
Number of Nurses.....	4
Six fully equipped dispensaries.	

Faith Healer Convicted

A man was convicted in the Philadelphia Courts recently for having allowed his son, aged 10 years, to die without having called in a physician. The father was a believer in faith healing and said he didn't believe in physicians. The child died of heart and kidney troubles.

Verdict For Local Dentist

A prominent dentist in Wilmington sued one of his patients for a bill for dental service rendered and was allowed payment for the full amount.

New Death Certificates

The State Board of Health, in compliance with the law recently passed by the Legislature, has had printed and distributed a new form for death certificates. This is much more comprehensive than the previous one and will be of greater value from a statistical standpoint.

Addition to University

The Phipps Hospital and Institute has been turned over to the University of Pennsylvania, and the Polyclinic Hospital has been offered the university and will probably be accepted.

Medical Club Meeting

The annual meeting of the Philadelphia Medical Club for the election of officers was held on Jan. 21st. There were 10 physicians from Wilmington in attendance.

New Vaccine Physicians

Drs. H. G. Buckmaster, D. I. McColly, W. E. Postles, and J. Frank McGrath were elected city vaccine physicians for 1910, to succeed Drs. G. R. Foulk, H. M. Frist, H. M. Bradly and N. B. Morrison, whose terms had expired.

Physicians at New Hospital

The following physicians have been assigned to the dispensary of the new hospital, to serve 3 months:—Surgery, Drs. T. D. Cook and P. A. M. Rovitti; medical, Dr. H. G. Buckmaster; diseases of children, Dr. M. Ostro; gyneacology, Drs. H. A. Cleaver and S. R. Ewing, who will attend on Mondays, Wednesdays and Fridays. On Tuesdays, Thursdays and Saturdays, Dr. J. M. R. White-DeLacour will have charge of this department; skin diseases, Drs. I. N. Chipman and Thomas R. Milliken; eye diseases, Dr. H. N. Willis; diseases of nose and throat, Dr. A. L. Kelley; other diseases, Dr. B. R. Veasey; analysis, Dr. Frank Roop Smith; nervous diseases, Dr. Thomas Phillips; history, Dr. Gerald Dougherty; skiagrapher, Dr. J. H. Morgan.

Meeting at Wilmington Country Club

A meeting of graduates of all colleges and universities was held at the Wilmington Country Club on Saturday evening, Jan. 15. An informal smoker was held and a University Club of Wilmington was organized.

A Boosting Club

Dr. W. T. Wooten, in the Journal of the American Medical Association, suggests a "praise your brother club," in which each member is pledged never to speak unkindly or in criticism of a brother physician to the laity except the physician spoken about be also present. He argues that if such a condition could be brought about, physicians would be held in much greater esteem by their patients and neighbors. Whenever a physician is condemned, maligned or criticised by another physician the ill-will engendered in the minds of the laity is not against the one physician, but the class. Individuals are forgotten and the profession is taken as a whole.

Therapeutic Progress

Albert Robin, Editor



ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observants, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

MEAT AND BEEF JUICES.—Under this title the Council of Pharmacy and Chemistry makes a rather startling revelation of the worthlessness of various meat juices which have been extensively used by physicians as foods for the sick. It appears from the report that "Wyeth's Beef Juice is not a true beef juice, but resembles rather a diluted meat extract. It contains much added inorganic matter, is low in coagulable proteins, and, considering the degree of concentration, relatively deficient in nutritive value."

"Bovinine is a mixture of alcohol, glycerine, added sodium chlorid, and apparently some form or defibrinated blood. . . . It is not readily absorbed and assimilated by the stomach as claimed," and when 30 to 50 c.c. per kilo were given to animals by the mouth daily, the animals became weak and emaciated; "in some cases irritation of the gastro-intestinal canal, with death of the animal in from 7 to 12 days."

"Carnine" was found of similar composition and therefore not "a meat juice in any sense of the word."

"Valentine's Meat Juice" was found to present little nutritive value, the product containing little, if any, coagulable proteids.

Incidentally, this revelation is quite a shock to our vanity and a sad reflection on our judgment. We are once more reminded what "easy marks" we are! We wonder how Dr. William Brodie, of Detroit, Mich., ex-President American Medical Association, feels when he reads his testimonial, which reads as follows: "I consider Valentine's Meat Juice invaluable in cases of extreme debility and pneumonia. It is par excellence the medicine food of the age." And Dr. R. B. Watson, who avers that "The results obtained from the use of Valentine's Meat Juice establish all that is claimed for it."

Moral: Don't "testimonialize" anything.

ENTERONOL.—We frequently receive samples of this much-vaunted panacea, accompanied by vehement proclamations of its great healing power in cases of . . . everything with loose bowels. Well, the Council of Pharmacy and Chemistry found it to be a downright fake. The panacea contains neither bismuth nor caffeine, but does contain alum, of which the "formula" on the label discreetly makes no mention.

We are becoming humbler but wiser men, thanks to the great work of the Council.

A NEW ANTIDOTE FOR STRYCHNINE.—Folta, working in von Noorden's clinic, made the interesting observation that adrenolin neutralizes completely several times the fatal dose of strychnine. The reaction seems to be biologic.

Dr. Graham found that olive oil administered after anesthesia relieved the post-anesthetic nausea.

Dr. Barnes used successfully sodium nitrite in two cases of bronchial asthma. The dose was one grain, repeated in 1-2 hours.

According to Ward, one-drop doses of one per cent. solution of nitroglycerin, with digitalis, administered every 2-3 hours, are practically inert; but if one-twentieth to one-tenth of a drop be given every minute for 20-30 doses, brilliant results will be obtained. This treatment is particularly useful in myocarditis with pulmonary edema.

Health Notes

William Marshall, Jr.

G. W. K. Forrest

Registration Laws

In the absence of the use of stringent measures to enforce the registration of vital statistics in Delaware, all classes upon whom the work develops—ministers, physicians, undertakers, civil officials and midwives, have sadly neglected to attend to filing their records, as required by the laws of the State.

The Delaware statutes make it incumbent upon the physicians to report contagious and infectious diseases to the proper health officials, either municipal, county, or State, as the case may properly come under the control of registration with the municipal authorities and the recorder of deeds of the county is also required within three months of all births, including the still-born.

Midwives are required to report to the nearest physician the facts of the births they officiate in. A consideration of five cents is allowed for each certificate so reported.

Undertakers should never bury a body without first having obtained a certificate from the attending physician or the coroner; these certificates, by law, are required to be turned in to the proper municipal or county officials at least once every three months.

Ministers and civil officials, upon whom is given the authority of uniting in marriage those properly qualified, are subject to the same time allowance in turning in their certificates.

While the recorders deplore the neglect of all classes in the registration of the vital statistics, there have as yet been no arrests in this connection.

In arraigning the guilty parties the recorders of the counties should share the blame along with the negligent ones, for they should demand more prompt reports.

Considering the vast strides made in preventive medicine some changes in the statutes should be made so as to include the registration of more of the infectious diseases in general, as tuberculosis, typhoid, pellagra, etc.

As a tribute to the medical profession let us see that every member more promptly fills the task allotted him and thereby shift upon the other delinquents the burden of neglected responsibilities.

In justice to the medical profession it may be said that the responsibilities thrust upon it are in no way commensurate with those exacted of other professions or trades, either in the quantity of work or the resultant benefactions to the profession. However that may be, the moral obligation resting on the profession is far more important than the statutory responsibilities, which, even in the absence of being rendered justice by the State, should persuade each of us to do his duty in the fight against disease and suffering, to which our lives are dedicated.

W. M.

Wilmington

For the ten years ending December 31, 1908, a total of 13,717 deaths occurred in Wilmington, and 1436 deaths from tuberculosis were reported for the same period. This means that 10.46 per cent. of the deaths during the past ten years were from consumption. Some official attention should be paid to the dread and fatal disease that causes more than one-tenth of our deaths.

The house or apartments from which a patient, suffering with pulmonary or any other communicable form of tuberculosis, has been removed should be thoroughly disinfected before again being occupied. This cannot be done unless a law is passed declaring tuberculosis a contagious and communicable disease and compelling the reporting of all cases by the physicians.

The Board of Health at present has knowledge only of such cases that have been reported by the nurses of the Red Cross.

Miscellaneous

Qualities for the Medical Life

There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to the patient as, without it, their respect and confidence cannot be commanded; and so the profession, because no scientific attainments can compensate for the want of correct and moral principles.—Principles of Medical Ethics of the A. M. A. sect. 5, art 1.

Report of Delaware Hospital 1909

Number of patients remaining January 1, 1909.....	32
Admitted during 1909	817
Discharged and died	805
Remaining in the Hospital December 31.....	44
Deaths during the year.....	72
Deaths within 24 hours of admission.....	19
Days free service.....	8,929
Days pay service	7,070
Total days service.....	15,999
Visits made to the medical and surgical dispensaries during the year	1,490
Visits made to the eye, ear, nose and throat dis- pensary	3,826
Visits made to the Gynæcological Dispensary.....	460
Total Dispensary visits:	5,776
Number of ambulance and patrol cases.....	529
Number of operations performed.....	345

REPORT OF THE PATHOLOGICAL LABORATORY.

Routine and special urine examinations.....	1,988
Examinations of sputum.....	59
Examinations of pus and discharges.....	36
Examinations of sections of tissue.....	58
Examinations of blood.....	70
Examinations of stomach contents.....	7
Examinations of feces.....	3
Total number of examinations made.....	2,221

SUMMARY OF CASES TREATED.

	Remaining Jan. 1, '09.	Admitted.	Recovered.	Improved.	Unimproved.	Died.	Remaining Dec. 31, '09.
General surgical cases....	20	429	265	112	22	28	22
Tetanus		6	3	...	...	3	...
General medical cases....	4	130	70	7	...	21	6
Typhoid fever	3	59	47	...	...	6	9
Pneumonia		24	20	...	...	2	2
Gynæcological cases	5	125	95	13	7	12	3
Nose and throat cases.....		17	16	...	1	...	...
Eye and ear cases.....		27	10	14	1	...	2
	32	817	526	169	38	72	44

SUMMARY OF OPERATIONS PERFORMED.

	Recovered.	Improved.	Unimproved.	Died.	Total.
General surgery (major).....	70	5	1	6	82
General surgery (minor).....	58	7	...	1	66
Appendectomies	46	...	...	2	48
Amputations of limbs.....	18	...	...	2	20
Gynæcological—Abdominal sections ..	56	...	...	10	66
Gynæcological (unlisted major).....	12	...	...	...	12
Gynæcological (unlisted minor).....	26	...	...	...	26
Eye, ear, nose and throat (major)....	6	...	...	...	6
Eye, ear, nose and throat (minor)....	19	...	...	...	19
	311	12	1	21	345

DELAWARE STATE SOCIETY.

President: PRESLEY S. DOWNES, Dover,
 Secretary: G. W. K. FORREST, Treasurer: S. C. RUMFORD

§ § §

Officers of County Societies

NEW CASTLE COUNTY MEDICAL SOCIETY

President: H. G. M. KOLLOCK. Vice-President: J. W. BASTIAN,
 Secretary: M. I. SAMUEL. Treasurer: W. H. KRAEMER,
 1016 Washington Street. 307 S. Jackson Street.

§ § §

KENT COUNTY MEDICAL SOCIETY,

President: J. H. WILSON, Vice-President: E. S. DWIGHT,
 Secretary and Treasurer: P. J. DOWNES, Dover, Delaware.

§ § §

SUSSEX COUNTY MEDICAL SOCIETY.

President: WM. P. ORR,
 Secretary: JOS. K. FRAME, Treasurer: G. FRANK JONES

§ § §

Notices of Meetings

Delaware State Medical Society, October 11, 1900, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.

§ §

Sussex County Medical Society meets at Georgetown monthly. Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1014 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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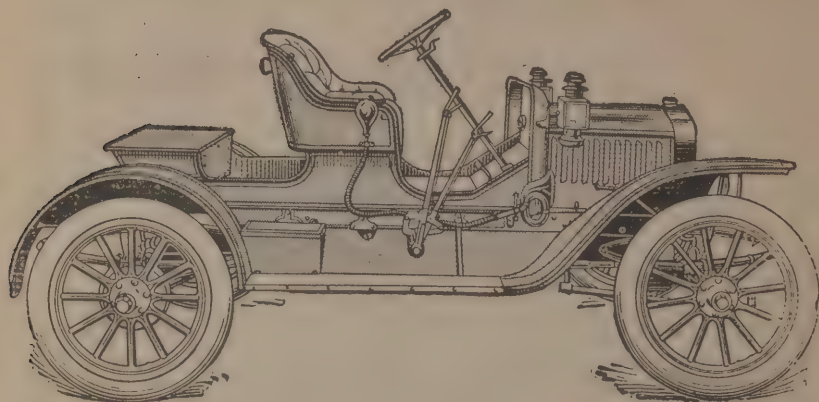
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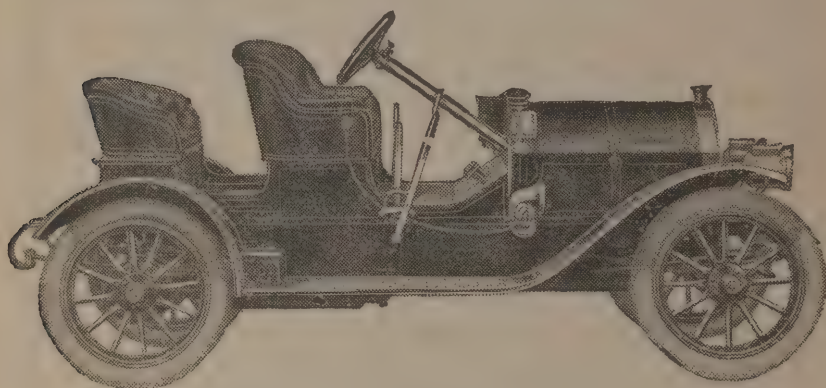
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THE JOURNAL

OF THE

DELAWARE STATE MEDICAL SOCIETY



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BY THE
DELAWARE STATE MEDICAL SOCIETY
WILMINGTON DELAWARE

VOLUME ONE

NUMBER FOUR

The Journal

Of the Delaware State Medical Society

Vol. 1.

MARCH, 1910.

No. 4.

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Contributions

¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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Original Papers

*A Simultaneous Case of Intra-Uterine and Extra-Uterine Pregnancy

S. C. Rumford

Wilmington

This patient was brought to the Delaware Hospital by Dr. James H. Ward, of Harrington, who furnishes the following history of the case:—

T. R., 26 years, married, 2 children, family and personal history negative. Last menstruated July, 1908. First called to see her early in December and found her complaining of pain in the lower abdomen, which lasted a few hours. These attacks occurred at intervals until early in April and at times were sufficiently severe to require an opiate, but between them she was up and about attending to her household duties. Fetal movements first felt December 15th, and there was a steady increase in the size of her abdomen. April 13th was called and found her having poor labor pains, which gradually ceased after a few hours, the same taking place on the 17th and 24th, but on none of these dates was there any dilatation of the cervix. Called early April 26th and was shown a bloody product that had been passed a short time before, after unusually severe pains, and which proved to be a six weeks' fetus and placenta. At this time the cervix was soft and dilated and fresh blood coming from the uterine cavity. The patient was very comfortable for several days, but there was no decrease in the size of her abdomen and she still felt fetal movements. On April 30th Dr. Ward noticed she was much weaker and continued to grow worse until he brought her to Wilmington, May 3rd.

Examination showed an emaciated colored woman, with an annoying cough and some dyspnoea, her heart and lungs normal. Temp., 98; pulse, 130; resp., 26. The abdomen was distended with fluid and in the left flank a mass could at times be detected that seemed to float away from the examining hand. It was impossible to outline this mass by the vagina

(*Read at Annual Meeting of Delaware State Medical Society, October, 1909).

or locate the fundus because of the intra abdominal fluid, but the cervix was soft and patulous and a pale lochial discharge was present. As the patient was in poor condition and much exhausted by her trip, a couple of days were spent in getting her in good shape for operation.

Operation, May 5th. On opening the abdomen by a median incision, I found the cavity filled with a dark brownish and very offensive fluid, and floating about in this a male child at full term, showing very feeble signs of life. The intestines had been forced up under the lower border of the ribs, and confined there by an unusually large but thin placenta, which was adherent to the intestines, omentum, liver and the parietal peritoneum along the right side of the abdomen. The whole peritoneal cavity presented a pale, unhealthy appearance, and in separating the placental adhesions there was little tendency to bleeding. The uterus was enlarged and soft, and the tubes and ovaries normal.

The child had the same pale, macerated appearance as the other structures and in delivering it the cord was broken, but from neither end was there any bleeding. Dr. Palmer, who was present, kindly worked over the child, but, after a couple of gasps, it stopped breathing and its heart refused to beat in about ten minutes.

The abdominal cavity was irrigated with warm salt solution and closed with through and through sutures, sufficient space being left for drainage. The patient reacted promptly from the anaesthetics and, after a good night, her condition the following day was excellent. The second day a quantity of brownish, offensive fluid showed on the dressings, the bowels moved well, temp. normal, but by evening her condition was not so good. The third morning she was very weak, and became delirious in the early afternoon, when her temp. suddenly shot up to 103 degrees, dying before evening.

1403 Market Street, Wilmington, Del.

**Addresses Delivered at Memorial Meeting for Dr. Jos. H. Chandler,
February 15, Wilmington**

Dr. Jos. P. Pyle

Wilmington

Mr. President and Fellow Members of the New Castle County Medical Society:

"Justice", republican Rome declared to be "the unchanging, everlasting law to give each man his right"; therefore is it proper that we should gather here to-night to say in memory of a recently departed brother a few words of kindness, of regret, of love, and hope.

As a child of some six years, I distinctly recollect having been sent by a maternal parent to this man to have some teeth extracted. I saw him a tall, sturdy figure; his hair raven black, his eyes beaming with the joy of early manhood. The simplicity of the man as seen through the ingenuous eyes of childhood, the vivid impression of those first few moments, as the mind reverts to them in these later years, the gigantic form, the sweet expression—almost feminine in its gentleness—the brilliant eye illumined by a soft and kindly light, the tender voice so low and re-assuring almost compelled the sense of fear to vanish—the dread of pain to be forgotten; and almost willingly he was permitted to place the forceps on the offending teeth. These he extracted in a manner peculiar to himself; and in a few minutes, the awe which I had felt in the presence of this medical man disappeared, and was replaced by a feeling of deep affection, which grew more and more with the passing years.

His eye was a rich brown, illumined by a soft mellow light; thick masses of black hair and beard, glossy and silken, assuming in later years a glistening silver; skin clear, changing in parts of face from baby pink to virile red.

His was a glowing, vibrant, tense personality; always giving the impression that whatever was given was done so freely, lavishly, with an open out-stretched hand; so of his friendship, of his love, of his energy, of his talent. A hand grasp, a welcoming smile, a cordial word from Dr. Chandler, and who was sensitive to the impressions of a personality, knew that he lived intensely, deeply, sympathetically.

His figure was as strong, as pliant, as a panther's. He was large, robust, muscular. His perceptions were uncommonly quick and accurate. His head was large in size; the forehead, high, regular, and classical in outline, massive, splendid. He was possessed of an intellect showing marked power of concentration, observation, alertness, and meditation. An indomitable will, yet never stubborn, never supercilious, nor impatient, no hint of superiority, ever gentle, ever kind, ever thoughtful of the welfare of others, ever willing to listen to reason, no hesitancy or indecision in his acts. His manner was deferential and ever simple—true evidence of innate refinement. He was of unswerving integrity, dauntless courage, spotless honor, and of magnanimous disposition.

Some conception of his prodigious capacity for labor may be gained from the fact that for years, day in and day out, to cover the distances traveled, it was necessary to use the combined strength of ten horses, they being driven double, a fresh pair for the morning, another for the afternoon route.

And the generous hospitality of this man. Who that has attended them can ever forget those delightful afternoon meetings of The Dr. Jos. H. Chandler Medical Club of Delaware? The ample grounds, the stately trees, the verdant grass, the mating of birds, the usually brilliant sunshine, the spreading tent gayly bedecked with flags, bunting and flowers, charming music, the presence of gracious ladies,—all combined to make a picture of rare delight, and one we all love to remember. Being himself happy, his innermost desire was to have others experience the same emotion. How those old fashioned dinners appeal to one's memory! What a charm his personality added to them; no feverish anxiety, no undue haste, calm, placid, courteous, always. Ever a merry twinkle in the infinite depths of those soft luminous eyes.

But changes come; and in the midst of joyous thoughts, grim death is self-announced. Now the heart aches! Now the tears! One of the most gifted men of our day, bending in sorrow over the coffin of a dead brother, carried, as he believed, into an untimely and irrevocable silence, voiced in anguish "the loss of a vanished hand" for he says: "Every life, no matter if its every hour is rich with love, and every moment jeweled with a joy at its close, becomes a tragedy as

deep and dark and sad as can be woven with the warp and woof of mystery of death."

In the midst of this sorrow and gloom, we know there is no more trouble, no more labor; peace and rest at last. "Nature with a little rudeness in her touch, perhaps, severed the vital cord, and he passed silently into rest on the other shore of that mysterious sea that never yet, on any wave, has borne the image of a homeward sail."



Dr. Henry W. Briggs

Wilmington

Mr. President and fellow-members of the New Castle County Medical Society:

I remember distinctly my first meeting with Dr. Joseph H. Chandler, and the impressions formed at that time were unchanged during my 15 years of acquaintance with him. I came to Wilmington in the late autumn of 1894 and located for the practice of my profession; the following summer, in hope that I might legitimately increase my very meager income and encouraged by a patient I had secured in that vicinity, I decided to open a branch office at Henry Clay in a small room adjoining the drug store then kept by George Frizzel. At that time Dr. Chandler had a large practice at DuPonts banks. Making his rounds each day he ended up at the drug store about 11 o'clock and on one of these occasions I was introduced to him by Mr. Frizzel. I had previously known him by reputation and the personal meeting only served to strengthen the impression I had already formed. Robust and manly in personal appearance, gentle and kind in his speech and manner, conservative and convincing in conversation and positive in his likes and dislikes, I was at once impressed with those strong elements of his character which made him what he was, really, in the community in which he lived and practiced, the beloved and trusted family physician, counsellor and friend.

Following my first meeting with Dr. Chandler I saw him frequently and became personally well acquainted with him and on several occasions attended to a part of his practice while he went on his vacation.

It was my good fortune to have been invited each year after 1895 as a guest at his annual reception and dinner given at his beautiful home at Centerville, and I am sure any of us who had that pleasure will recollect those gatherings with memories akin to those happy pictures of our childhood, so impressed upon our memories as never to be forgotten. We cannot forget the pleasant picture of that home and grounds dressed in holiday attire, when Dr. Chandler was accustomed each year, on some delightful June day, to invite his friends in the medical profession to assemble as his guests and receive from himself and his family most hospitable and generous entertainment. Who could forget that delicious milk direct from the doctor's herd of thoroughbreds? or the luscious fruit and vegetables gathered from his own farm for these occasions?

It was here that I first met men of the profession, who have been an inspiration to me in the practice of medicine and whom I consider it an honor to know personally; among them were Shoemaker, Hare, LaPlace, Andrews, Clark, Deaver, Rodman, Fox, Ashton, Wood, Black and a host of others all men of the highest reputation in their own particular field of medicine.

I believe the formation of our County Medical Society had its incipency in these gatherings. Here we were accustomed to meet and become better acquainted from a social standpoint, we learned that our brother practitioner had certain good qualities which it was profitable for us to cultivate and thus arose the desire for an active county society such as we now enjoy and from which every activemember must acknowledge much benefit and pleasure.

Dr. Chandler was essentially a country doctor; for more than forty years he traversed the hills and valleys of Brandywine and Christianna hundreds, his practice extending well into the borders of southern Pennsylvania, and it was only during the last few years of his life, after moving to Wilmington, that he was relieved of his extended country practice.

I have compared his life with that of old Dr. MacClure, the character made famous by the celebrated Scotch writer Ian McLaren, in his volume, "Beside the Bonnie Briar Bush". I have found a great similarity in the regular and uniform man-

ner in which each toiled daily to relieve sickness and suffering, the absolute confidence in the man and physician held by patients, the advisor and director in affairs other than medical, and the feeling of safety inspired by the guiding hand of the beloved and trusted family physician.

There was, however, this difference. McLarens' character was unfortunate in that his practice was largely among the very poor who were unable to recompense him for his valued services, and thus he died in poverty and obscurity, while Dr. Chandler's patients were among the better class, able and willing to remunerate him and his last days were passed in comfort and comparative luxury. It has seemed to me that the scene enacted at the lower Presbyterian Church in Brandywine hundred, upon the occasion of Dr. Chandler's funeral must have been very much the picture the poet Will Carleton had in mind when he penned those simple yet suggestive lines on the death of the country doctor. They run somewhat as follows:

There's a gathering in the village, that has never been outdone
Since the soldiers took their muskets to the war of 'sixty-one;
And a lot of lumber-wagons near the church upon the hill,
And a crowd of country people, Sunday dressed and very still.

Now each window is pre-empted by a dozen heads or more,
Now the specious pews are crowded from the pulpit to the
door;

For with coverlet of blackness on his portly figure spread,
Lies the grim old country doctor, in a massive oaken bed.

Lies the fierce old country doctor,

Lies the kind old country doctor,

Whom the populace considered with a mingled love and dread.

Maybe half the congregation, now of great or little worth,
Found this watcher waiting for them, when they came upon
the earth;

This undecorated soldier, of a hard unequal strife,

Fought in many stubborn battles with the foes that sought
their life.

In the night-time or the daytime, he would rally brave and
well,

Though the summer lark was fifing, or the winter lances fell;
Knowing if he won the battle, they would praise their Mak-
er's name,

Knowing if he lost the battle, then the doctor was to blame.

'Twas the brave old virtuous doctor,

'Twas the good old faulty doctor,

'Twas the faithful country doctor—fighting stoutly all the
same.

When so many pined in sickness, he had stood so strongly by,
Half the people felt a notion that the doctor couldn't die;
They must slowly learn the lesson how to live from day to
day,

They have somehow lost their bearings—now this landmark
is away.

But perhaps it still is better that his busy life is done:

He has seen old views and patients disappearing, one by one;

He has learned that Death is master both of Science and of
Art;

He has done his duty fairly, and has acted out his part.

And the strong old country doctor,

And the weak old country doctor,

Is entitled to a furlough for his brain and for his heart.

Communication

To the Secretary of each State and County Medical Society and other interested members:

At the last meeting of the American Medical Association at Atlantic City, the following report of Committee on Miscellaneous Business was adopted: "The Committee recommends that the President of this Association appoint a Committee of five members to inquire into the desirability and practicability of the establishing under the auspices of the American Medical Association of a fund for the assistance of physicians disabled by sickness, and for a sanatorium for the treatment of such members of the Association, as may be afflicted with tuberculosis or similar diseases; such committee to report to the House of Delegates at the next annual meeting of the Association."

As a basis for wise action the Committee urges that the officers of State and County Medical Societies, and others interested in the subject, should at the earliest possible date, forward to the Secretary of the Committee, Dr. A. C. Magruder, Colorado Springs, Colorado, answers to the following queries, with some account of any special cases that seem to illustrate the need for provision for disabled members of our profession.

1. Is there any provision by your State Medical Society, or local society for the care of destitute and disabled physicians and those dependent upon them? If so, how is such care provided?

2. What number of instances of special need for such assistance (or sanatorium treatment) have arisen in your locality within the last five years and what number of your members need such assistance now?

3. About how many members of your County Medical Society are at present afflicted with tuberculosis or similar diseases, or have within the last five years, died or withdrawn from professional work on account of such disease?

It is earnestly requested that this matter be brought before each County and State Society at its next regular meeting, and that the desired information be furnished our Committee at the earliest possible date.

Fraternally yours,

EDWARD JACKSON,
Denver, Colorado.

JEFFERSON R. KEAN,
Washington, D. C.

A. T. BRISTOW,
Brooklyn, N. Y.

H. B. ELLIS,
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The Journal of the Delaware State Medical Society.

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Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

The Health of the School Children

The Board of Education has at last begun to take interest in a matter of gravest importance, namely, the physical fitness of school children. This is, strictly speaking, a matter that should have been given attention long ago and should have come from the New Castle County Medical Society. However, since such a move has been made it is to be hoped that satisfactory means will be provided to secure an adequate medical inspection of the public school children.

Up to the present time educators the world over have given no thought of any moment concerning the physical condition of children. They have devoted their energies to cramming them full of languages, mathematics and other impractical and, in most instances, valueless learning to the detriment of the general health; and when certain children failed to keep up with the others, dropped them to a lower grading because of their stupidity. The stupidity in fact has lain with the educators themselves, since they were not able to recognize the real causes of dullness of these children. Physicians have long recognized that the modern system of education is developing the minds at the expense of the health of the scholars.

Every child is not equal to the task of acquiring an education and some that have the necessary strength when they first start school, soon begin to lag because of the demands

made upon them by the overfull curriculum forced upon them. It is difficult to believe the large number of children that will be found lacking in health. In New York the statistics were startling as well as appalling. Three-fourths of the children set aside for examination showed some serious defect or disease; 56,000 had trachoma. In the 12,000 or more pupils in this city, a large proportion undoubtedly will be found are suffering from some defect of vision or some more serious condition.

It is essential in this scheme of medical inspection that thoroughly competent physicians be the inspectors and that they be assisted by competent and experienced nurses. These should be paid officials since it will be impossible to secure competent inspectors free. Few capable physicians will have the time to devote to such an undertaking and unless capable men are chosen, the project will utterly fail. It is to be hoped that the committee will succeed in attaining its object and that the near future will see a satisfactory system of medical inspection of school children in this city.



Fund for Benefit of Sick and Disabled Physicians

Under another heading is a letter from the Committee on Miscellaneous Business of the A. M. A. asking for information as to the advisability and practicability of establishing a fund for sick and disabled physicians, particularly those suffering with Tuberculosis. This matter should be given attention by the County Societies in order to give the Committee information as soon as possible.

Such action on the part of the American Medical Association would undoubtedly be of value to many physicians, and while thus far the State has been fortunate enough to have no one needing such assistance, it should give its support. It is unnecessary to dwell upon any reasons urging such action since the importance of such can be readily appreciated by all. This committee should have the support of the County Societies of Delaware and render promptly through their Secretaries the desired information.

The Use and Abuse of Out-of-Town Consultants

Situated as we are near Philadelphia, we are made to carry the burden that ultra-specialization imposes on the general practitioner to a degree which is becoming almost unbearable. It has become an almost universal practice that any case more serious than a "belly ache" requires a "specialist", providing the patient can afford to pay the \$75 for the "consultation"; and often the patient, if poor, will somehow scrape together the money for the "specialist" and pay the attending physician with "thanks". The physicians themselves are largely to blame for this humiliating state of affairs. Instead of putting up a stiff front and asserting their self-respect they accede to the wishes of the patient and call in an out-of-town consultant even when they themselves feel that there is not the slightest occasion for the consultation. The consultant comes, looks wise, makes some irrelevant suggestions and leaves with a fat fee in his pocket. The newspapers thus herald the fact that Prof. X of P. was called in consultation. The patient gets well, Prof. X gets the credit; and quite often the same patient will make frequent trips to the professor's office in the future. The local doctor has thus placed himself in the humiliating position of an understudy.

We venture the assertion which will not be contradicted that in the large majority of cases the consultant is absolutely useless. He knows nothing of the case save what the attending physician can tell him, and in the few minutes of his visit he can learn but little. It would be far more conducive to the patient's welfare if local doctors were called in consultation more frequently, and it certainly would redound more to the standing of the profession. A. R.



Dr. Ezekiel W. Cooper

In the death of Dr. Cooper, which occurred recently, the State Society lost one of its most beloved members and the State of Delaware lost a citizen of high character and standing. In the successful practice of his profession, and in his daily life and conduct Dr. Cooper established a record worthy of emulation. His career may well serve as an example to those still toiling in the difficult paths of duty and his death will be regretted deeply throughout the entire State.

County Society Notes

Kent County Society

The annual meeting of the Kent County Medical Society was held in December and the following officers were elected: President, Jas. H. Wilson; Vice-President, E. S. Dwight; Secy. and Treas., P. S. Downs. The Treasurer's report showed a balance of \$38.23 after all bills were paid. Dr. Jas. H. Wilson read a paper on "Albuminuria in Acute and Chronic Nephritis." This interesting and well prepared paper was much appreciated.

The February meeting was devoted chiefly to business. Dr. William Marshall read a paper entitled "Cleft Palate," which was followed by a discussion in which many took part. The next meeting of the Kent County Society will be held at Harrington on March 1, 1910, at 3 P. M.

§ §

New Castle County Society

The regular February meeting of the New Castle County Medical Society was held on February 15, in Wilmington.

Dr. Charles P. White, Wilmington, was proposed for membership. The meeting was a memorial to Dr. Jos. H. Chandler. Remarks were made by Drs. J. P. Pyle, Jno. Palmer, Willard Springer, E. C. Shortledge, P. W. Tomlinson, W. C. Pierce and H. W. Briggs, and appropriate resolutions were adopted.

A discussion of medical inspection for school children preceded this memorial meeting and the following committee was appointed to serve with committee from Board of Education and Board of Health: H. L. Springer, George K. Forrest and S. C. Rumford.

120th Annual Meeting of Delaware State Medical Society

Afternoon Session

The meeting was called to order at 2.40 P. M. by the President.

"Report: A Simultaneous Case of Intra-Uterine and Extra-Uterine Pregnancy" was read by Dr. S. G. Rumford, Wilmington.

(Printed in full elsewhere.)

* *

Discussion of Papers of Drs. Stubbs, Rumford and Robin . . .

DR. JOHN PALMER, JR., Wilmington.

Just to supplement that report, I wish to state that my feeling, so far as the baby was concerned, was that the reason that there was not more life, was the fact that the abdominal walls were so tight and condensed the child's head in pressing up and down in that way. It had a fairly good heart-beat, and gave several good gasps, but the whole side of the head was crushed in from the pressure of the abdominal wall.

DR. WILLIAM C. PIERCE, Wilmington.

This morning I understood you to say in your address that it had been proven that a woman would menstruate after the removal of the tubes, and the ovaries.

DR. HENRY J. STUBBS, Wilmington.

I said that by injecting ovarian extract into the veins of a dog you could produce heat at will; that you could produce heat in the dog with the ovaries intact. I also said that when the fallopian tubes were diseased, if you would remove the diseased tubes and leave the ovaries intact the woman would menstruate.

DR. WILLIAM C. PIERCE, Wilmington.

In this case, as I understand it, the woman had an extra-uterine pregnancy outside of the uterus and also became pregnant in the normal way.

DR. S. C. RUMFORD, Wilmington.

The woman was pregnant in the ordinary way and there were no signs of ever having been a tubal pregnancy, for the tubes and ovaries in this case were normal. The child in the abdomen was entirely free in the abdominal cavity, its placental attachment having no relation to the uterus or tubes; and in the uterus she had the second pregnancy. It is possible in this case the sperm found and impregnated the ovum while free in the abdominal cavity. I have been unable to find any record of a similar case.

DR. HENRY J. STUBBS, Wilmington.

Abdominal impregnation is said to be very rare, if not impossible. The case reported by Dr. Rumford was probably one of ovarian impregnation. Dr. Mordecai Price reported a case of extra-uterine impregnation, with operation, saving mother and child.

DR. ALBERT ROBIN, Wilmington.

I wish to call attention to the suggestion made by Dr. Downs about a Press Committee. Perhaps some of you do not know that in the New Castle County Medical Society there has been sleeping a Press Committee for the last five years. The object of that Press Committee, as originally contemplated, was to supervise all writings and to prepare such articles as could be published in the press for the education of the public. The difficulty that we have experienced with this committee (and I merely mention this to show what occurred in our society) will, I think, be found in every such attempt. So far as the work of the Press Committee was concerned, it singled down to one or two men. In other words, the difficulty that we experienced with this work is that the members of the society will not take part in it, and it becomes laborious and sometimes almost impossible for one or two members to do all the work. Unless we all take part in it, the appointment of a Press Committee very often will prove a dead letter. We have had that experience. A great many physicians have proclaimed their willingness to assist in the education of the public, although when an opportunity has arisen they were not there to do it. We had a tuberculosis exhibit in Wilmington a year ago, under the auspices of the Delaware Anti-Tuberculosis Society. We had an elaborate program

and the people were supposed to come twice a day, in the afternoon and evening, to hear lectures delivered by physicians on the subject. As a matter of fact, the majority of the physicians who had volunteered to deliver the lectures were not there to do it, and it remained for one or two to do the work. I merely want to remind the society that the mere appointment of committees is not enough. Every physician should do his share, which is the practical way to reclaim the prestige which we have lost.

On motion of Dr. P. W. Tomlinson, Wilmington, seconded by Dr. H. L. Springer, Wilmington, the Report of the House of Delegates was accepted.

The Delegate to the American Medical Association, Dr. James H. Wilson, made the following report:

Report of Delegate to American Medical Association . . .

To the President and Fellows of the Delaware State Medical Society:

As delegate to the House of Delegates of the 60th annual session of the American Medical Association held at Atlantic City, N. J., June 7th to 11th, 1909, permit to state that I was present in the evening of the first day's session and at each days' session thereafter...

The attendance of members was not so large as at the previous annual session in Chicago in 1908. The membership of The American Medical Association was, however, 33,935, making a net gain in one year of 2,592.

The Report of the General Secretary, Dr. G. E. Simmons, was most encouraging, and his resume of the Association's work in the past decade was most enthusiastic. The Report said: "This session brings to a close a period of ten years during which the present incumbent has acted as General Secretary. It, therefore, seems not inappropriate that some brief review of the past decade be made and a comparison of the conditions of the medical organization in 1899 with those of 1909 instituted, in order that we may determine what progress has been made and what further advances remain to be achieved."

The membership of the American Medical Association in 899 was 7,997. That, as shown on May 1st, 1909, of the present Report given above is 33,935. An increase in the past ten years of 25,938, or of 424 per cent., an average growth of approximately 2,600 per year. The increase in State Society membership has been even more marked. The combined membership of the State associations aggregates more than double what it was even seven years ago. To-day the com-

bined strength of the association's constituent to the American Medical Association is 67,362.

The different committees appointed by the House of Delegates have shown commendable zeal in their Reports; this is especially true of the Committee on Medical Legislation. The Council of Pharmacy and Chemistry.

The Medical Legislative Committee for the past year has had under consideration:

The Navy Medical Reorganization bill. Bills relating to the Public Health and Marine Hospital Service.

Measures relating to Federal and State regulation of Public Health.

The uniform regulation of the Practice of Medicine by the different States.

Uniform regulation of vital statistics by the different States.

Uniform State Laws on Foods and Drugs.

The ridicule and abuse to which Dr. G. W. Simmons and Dr. J. C. McCormick have been subjected was the outcome of the exposures of the Medical Frauds and Fakes, through the action of the Council of Pharmacy and Chemistry. It is to be hoped that their good work may be continued.

A resolution was passed in the House of Delegates deploring the action of the Oklahoma Legislature in prohibiting the practice of medicine by physicians afflicted with incipient tuberculosis in that State. The resolution reminded the Oklahoma Legislature that physicians who had the misfortune to have tuberculosis were giving the Country at large the greatest possible object lesson of the curability of the disease, not permitting it to get beyond the initial stage.

It is a well known and established fact that physicians thus afflicted have done perhaps more for the suppression of the disease than the combined efforts of all the non-affected physicians of the Country. The bulk of the Sanatoriums and Institutions for the suppression of tuberculosis in operation in this Country are conducted by physicians who have to fight the disease in their own persons. The good work they are doing is simply marvelous.

The action of the Oklahoma Legislature in prohibiting this efficient body of physicians practicing in the State shows conclusively that the general public has learned their lesson too well. Their anxiety and fright over the possible contagiousness of tuberculosis will lead to unnecessary confusion. We need to infuse in our teachings more hope and less fright. The public should learn that the presence of the patient is not so much of a menace to health, as his uncleanly habits, his indifference to environment, reckless expectoration.

In this case we must respect the sinner, in that we must teach him to avoid sinning. The patient can really quaran-

tine his own person, and reduce the danger from tuberculosis to the minimum. A reasonable precaution is most necessary, but should our teaching result in so frightening the public mind, that the non-tuberculous patients shall, in their reckless fright, say to each family physician "you cannot attend my family if you attend tuberculous patients."

What, therefore, is to become of this unfortunate class of citizens. These patients are too numerous and it is unnecessary that this condition should be carried to the frenzy point. As discriminating physicians we must cautiously lower the alarm flag, and hoist the flag of sanitation and PROMISE.

To make the State delegate's work in the House of Delegates of the American Medical Association more efficient, I would recommend in the first place to insure uniform attendance that the delegate's expenses within a reasonable amount, that is actual necessary expenses, be paid by the State Society, and in the second place, in view of the fact that we have but the one delegate in the National House of Delegates, this representative is at a great disadvantage by the fact that a different delegate is sent each year, and they are not familiar with the workings of the different committees in the National House of Delegates and it is really necessary that the delegate should be familiar with the committee work.

I make this statement without hesitation for the reason that I do not wish the appointment and any one accepting the position should be willing to serve, certainly two or more years.

J. H. WILSON.

On motion of Dr. P. W. Tomlinson, Wilmington, seconded by Dr. H. W. Briggs, Wilmington, the Report of the Delegate to the American Medical Association was accepted.

Upon motion of Dr. John Palmer, Jr., Wilmington, seconded by Dr. P. W. Tomlinson, Wilmington, the reports of the Secretaries of the component County Medical Societies were accepted and ordered spread upon the minutes.

The report of the Council on Medical Education was presented by Dr. H. W. Briggs, Wilmington.

Report of Delegate to Council on Medical Education.

To the President and Fellows of the Medical Society of Delaware:

I beg to submit the following report as delegate, representing this society, to the fifth Annual Conference of the Council on Medical Education, held at the Auditorium Hotel, Chicago, April 5th, 1909.

Exclusive of members of the Council, 90 delegates were present, representing 21 state examining boards, 15 state medical societies, 2 departments of the government service, 1 con-

federation of examining boards, 1 college association and 3 national medical associations, as well as 35 medical and liberal arts colleges.

The Council on Medical Education is the permanent committee on Medical education representing the American Medical Association. Its interests are national and its object the betterment of medical education in all sections of the country. To this end a session is held each year, aside from the regular session of the American Medical Association, to which delegates from every section of the country are invited and discussion asked for upon all subjects presented.

The session of 1909 was devoted principally to the discussion of what would constitute the minimum of a standard curriculum to be adopted by the medical colleges of United States and Canada. With this end in view, at the session of 1908 a sub-committee of 100, composed principally of leading medical educators was appointed, and that committee in turn sub-divided into committees of 10 each, taking up for consideration the different subjects taught in medical schools.

The chairmen of these sub-committees it is needless to say were men who hold the chairs in our best medical schools of the subjects represented by them.

After exhaustive reports and thorough discussion of each of the subjects presented, a resolution was passed asking the influence of the American Medical Association in urging the medical schools of the United States and Canada to adopt the standards of curricula recommended by the Council on Medical Education.

The question of preliminary education had been previously discussed and similar recommendations made and many of the best medical colleges have already adopted the standard recommended by the Council of Medical Education.

The chairman, Dr. Arthur Bevan of Chicago in his opening address, very clearly pointed out the present demands for a satisfactory medical education;

1st.—The passing of commercial schools and the merging of the better schools to form strong medical departments of universities.

2nd.—Endowments both private and state for the proper maintenance of such medical departments. The experience of the last few years has shown clearly that the modern medical school needs such endowments as it can not be properly supported on the fees of students.

3rd.—As the most important public health measure each state should demand through its licensing boards, complete and thorough medical preparation of those seeking to practice medicine within its boundaries.

This must include, 1st. A proper preliminary education; 2d. A thorough medical course pursued in a reputable medical college; and 3d. a practical and thorough examination such as will be an actual test of the applicants' ability to practice medicine.

After a careful study of the work already accomplished, and of that now under way, I am convinced that the Council of Medical Education is doing one of the most important, if not the most important, of any now being carried on under the patronage of the American Medical Association.

Rapid strides have been made within the past few years in raising the standard of both preliminary and medical education, and I am confident that the time is not far distant when the medical profession will be represented by the best educated men of the country.

Respectfully submitted,

H. W. BRIGGS.

Upon motion of Dr. Tomlinson, duly seconded, the report was accepted, and ordered spread upon the minutes.

News Items and Personals

Personals

Dr. J. P. Wales has moved his office from Eighth and King Streets to Delaware Avenue and Rodney Streets. Dr. D. I. McColley resigned as City Vaccine Physician and Dr. Harvey Patten was elected to fill the vacancy. Dr. H. M. Cary, of St. George's, has given up practice at that place to assume charge of a hospital in Pennsylvania. Dr. Merritt Burke, formerly of New Castle, has opened an office at 810 West Street, Wilmington.

Lecture by Talcott Williams

A lecture on the Health of School Children was delivered by Talcott Williams, of Philadelphia, at the Wilmington High School on February 2.

New Hospital Notes

Miss Gunther, of Philadelphia, a graduate of the Philadelphia Training School for Nurses, has been appointed Superintendent of the Physicians' and Surgeons' Hospital.

The automobile ambulance recently purchased through the generosity of an unknown friend will arrive in the very near future.

The Dental Clinic

The Wilmington Dental Association has decided to give free clinics for treatment of diseases of teeth and mouth and arrangements for a dispensary are being made by the following committee: Dr. C. R. Jeffries, P. H. Keaveney and R. P. Coombs.

Notes on Tuberculosis Work

The Kent County Committee of the Delaware Tuberculosis Commission is preparing to open a free dispensary for treatment of Disease of Lungs at Dover.

The Delaware Tuberculosis Commission has purchased a large dispensary exhibit to be placed in freight cars. This car is being especially prepared by the Pennsylvania Railroad Co. and will travel over the entire State and be sidetracked at all the small towns possible throughout the year. During the first two weeks of February this exhibit has been placed in a store in Wilmington and has been visited by thousands of persons. Addresses were made by prominent speakers including Dr. E. H. Goodman, Ward Brinton and William B. Stanton of Philadelphia.

Gift to University

At the meeting of the Board of Trustees of the University yesterday afternoon, in the Provost's office, one hundred thousand dollars was given by an alumnus as an endowment fund for a chair in the Medical School. The donor's name and the chair endowed will be made public at the University Day exercises, on February 22. It was announced that Dr. David L. Edsall, who had received offers from Johns Hopkins University, and from the new Medical College in St. Louis, would retain his position in the Medical Department. The Board also announced that clinical professors would be required to spend more time at the University.

**To Attend Medical Conference**

Dr. and Mrs. H. W. Briggs have gone to Chicago, Ill., where the doctor will attend the sixth annual conference of the Council of Medical Education of the American Medical Association. Dr. Briggs is a delegate from the Delaware State Medical Society.

Veterinarian Indicted

The grand jury returned two additional indictments against Dr. W. T. Ryan, a veterinarian of Smyrna, for unlawfully selling liquors. With other indictments found at the present term and with four indictments carried over from the October term, there are now eight indictments against Ryan.

Obituary

Dr. Thomas A. Enos died on Sunday last after an illness of about one week of pneumonia. The deceased was about 55 years of age and was well known throughout that section of the country. The widow and one son survive.

Dr. Enos lived at Townsend and was a graduate of the Jefferson Medical College, having obtained his diplomas 30 years ago. He was a member of the Red Men, Knights of the Golden Eagle and Jr. O. U. A. M.

Dr. Ezekial W. Cooper, of Camden, died at his home on February 18. He was a member of the Kent County Society and Delaware State Medical Society.

Therapeutic Progress

Albert Robin, Editor



ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observations, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

BLUE RAYS IN THE TREATMENT OF WOUNDS.—Richter employs an apparatus which consists simply of an arc light with a reflector and blue glass panes. The wounds are subjected to the effect of the light for one-half hour daily. Such exposures lead to very rapid drying of the wound's surface, followed by the growth of epithelium and the formation of a scar. Nothing but sterile dressings are employed between the sittings. Especially remarkable is the diminution in pain following the exposure to the rays. Richter sees the beneficial effects of the rays in the general hyperemia they produce. He had very favorable results in treating plain granulating wounds, suppurating wounds, and especially chronic leg ulcers by this method. The fact that no immobilization of limbs nor rest from the usual occupations were required made the method especially acceptable to working people. The final results were always very gratifying, the scars being more elastic, soft, and less painful than after the more usual methods of treatment.

In the treatment of chronic myocarditis Dr. Ward administers, in conjunction with digitalis, 1-20 to 1-10 gr. of nitroglycerine every minute for 20 or 30 doses in preference to 1 minim every 2 or 3 hours.

Do not administer caffeine to patients at night, as it will induce insomnia.

In the administration of digitalis care should be taken not to mistake the possible toxic effect of the drug for myocardial insufficiency.

LAXATIVE FOOD.—Dr. Bassler, of New York, recommends the following gems in the treatment of chronic constipation in children:

BRAN JEMS.

2 cups of bran.

2 cups flour.

1 cup milk.

$\frac{1}{4}$ cup molasses.

$\frac{1}{2}$ teaspoonful baking soda (dissolved in hot water).

$\frac{1}{2}$ teaspoonful butter.

$\frac{1}{2}$ teaspoonful lard.

Salted to the taste.

Bake in a slow oven for 45 minutes.

Several of these gems may be eaten daily.

Peters finds that his results from hypodermic injections of mercury in tuberculosis are not better than with any other method of treatment.

Caffein is contraindicated in conditions accompanied by insomnia and excessive nervous irritability.

Echinacea. The Council on Pharmacy and Chemistry request recognition to echinacea, which is exploited as an out and out nostrum. Regarding Helonias, the Council is of the opinion that "it may be regarded as a drug not worthy of attention of physicians."

Health Notes

William Marshall, Jr.

G. W. K. Forrest

Registration Laws

It was for a time thought to be a meddlesome and unjust proceeding to make it compulsory for midwives to hold a state certificate in order to attend a woman in labor, but the results of state regulation have undoubtedly so greatly raised the quality of the services in the states, that criticisms of the systems seem now to be unfounded.

In Delaware, we would no doubt be benefitted by requiring all midwives to satisfy some responsible body like the State Board of Health, the Medical Council, or the Nurses' Examining Board, as to their capabilities for officiating in an accouchment. . .

The possession of a certificate for the practice of midwifery would tend to lessen the dangers of incompetency and at the same time help raise the present character of the midwives above the level they occupy.

When we stop to inquire as to how a person can fully understand the mechanism of a delivery by simply having seen a few previous labors, we cannot but realize that dumb luck often attends the safe service of the self-taught midwife.

To many physicians who have spent many years of their lives in acquiring sufficient knowledge to be entitled to practice medicine and surgery, there has always seemed to be a sacrilege and travesty offered to our profession by the liberal use of the term "doctor" as a reward to persons of prominence in letters, philosophy, science, literature, etc.

The term "Doctor" has of late been so freely bestowed by title factories that there is grave danger of its being classed with "Colonel" of the Southland, where most any one who drinks a quart of whiskey without appreciable effect on his mentality by common consent acquires the prefix of "colonel."

It is to be regretted that Webster before compiling his dictionary did not see the necessity of limiting the meaning to a practitioner of medicine or a teacher of medicine only, and have found another name for dentists, druggists, veterinarians, ordinary teachers, etc.

The prevailing use of paper money in the United States was brought about mainly by the business men of the country for reasons of utility in its handling before the germ theory of disease was widely known.

Were we to stop to think of the amount of danger to the handlers of this money in the dissemination of disease, we would demand a more general use of coins, which on account of their structure are less liable to harbor contagion or to scatter it.

In many centers there is continually occurring a replacing of the old and dirty notes by new and clean ones, through the agency of the banks during exchange, yet it is a fact, which we in this country continually disregard that the notes in circulation in the United States can compare only in a very inferior way hygenically with those of other progressive countries.

It is seldom that one sees a soiled or dirty note in circulation in territory of our European neighbors, for the notes almost without exception are printed on clean white paper which shows the smallest amount of dirt. The contamination warrants quick withdrawal for replacement by new ones.

A change in color for our paper currency from the present deceptive green to a shade more likely to show the filth clinging to the note, would no doubt be gladly welcomed by the saner thinking people as well as the germophobics.

By the initiation of the compulsory attendance system in the public schools of our state, the school boards have come to a closer appreciation of the lack of courses of physical education in their curricula.

All must admit that a well equipped mind is a necessary adjunct in the battle of life, but how much more must we realize that a healthy body is of first importance to the well developed mind.

The value of physical education has so far engrossed the attention of the most progressive educational institutions that hours are now set apart for this purpose, and physical education is taught as an enforced subject.

School managements should see that the necessary equipment for a healthy body should take at least equal precedence with those for the mind.

W. M.

Medical Education

Henry W. Briggs

**Program of Conference of Committees on Medical Education of
Legislation of American Medical Association, Congress Hotel, Chicago, Ill.**

First Day—Monday, February 28.

Morning Session, 10 A. M.

1. Address of the Chairman—Dr. Arthur Dean Bevan.
2. Report of the Secretary—Dr. N. P. Colwell.
3. Report of the Special Committee on Practical Tests at State License Examinations.
Dr. W. S. Fullerton, chairman, Secretary of the Minnesota State Board of Medical Examiners, St. Paul.
Dr. S. D. Van Meter, Secretary of the Colorado State Board of Medical Examiners, Denver.
Dr. Geo. H. Matson, Secretary of the Ohio State Board of Medical Registration and Examination, Columbus.
4. Discussion.

Afternoon Session, 2 P. M.

5. Address—"Standards in Medical Education as Related to Standards in General Education."
Hon. Elmer Ellsworth Brown, United States Commissioner of Education, Washington, D. C.
6. Address—"The Obligation of the University to Medical Education."
President Henry S. Pritchett of the Carnegie Foundation for the Advancement of Teaching, New York City.
7. Address—"The Relation of the University to the Medical School."
President J. G. Schurman of Cornell University, Ithaca, New York.
8. Address—"Some of the Functions of a University Medical School."
Dr. Victor C. Vaughan, Dean, University of Michigan College of Medicine and Surgery, Ann Arbor.
9. Discussion.

(An evening session, open to the public, may be held, in which case the program will be announced later.)

Joint Conference on a Model Law for the Regulation of the Practice of Medicine.

Second Day—Tuesday, March 1st.

Morning Session, 10 A. M.

A. D. Bevan, chairman, Council on Medical Education, presiding.

..
Reports of Reference Committees:

- (A) Report of the Committee on Organizations of a State Board of Medical Examination and License:
W. H. Sawyer, Michigan, Chairman.
J. W. McDonald, West Virginia.
James T. Greeley, New Hampshire.

- (1) Should there be a separate board of medical examers or should the State Board of Health also have examining and licensing powers?
 - (2) Should the examining board be single or multiple?
 - (3) Should the examining board be sectarian or non-sectarian?
 - (4) Should the examining board be appointed by (a) the governor, (b) the governor on nomination of the state society, (c) the state society?
 - (5) Should the secretary be a member or an employee of the board?
 - (6) Should the examining board be a part of the State University, or should it be entirely distinct from all educational institutions?
- (B) Report of the Committee on Qualification of Applicants, Recognition of Medical Colleges, and Standards of Examination.

S. D. Van Meter, Colorado, Chairman.

C. Z. Aud, Kentucky.

A. B. Cooke, Tennessee.

- (1) What should be the requirements for an application for a license?
- (2) Should graduation from a reputable medical college be one of the requirements?
- (3) What subjects should an examination for a license include?
- (4) Should the examinations be entirely written, or written and oral? Should part of the examination be practical and clinical?

- (5) Should an examination be required in all cases, or should any exceptions be made? If so, what?
- (6) Should the examining board have the authority to determine the good standing of colleges; if so, by what standard should such recognition be determined?
- (C) Report of the Committee on the Definition of the Practice of Medicine.
 - H. C. Sharp, Indiana, Chairman.
 - L. M. Halsey, New Jersey.
 - E. J. McKnight, Connecticut.
 - B. M. Caples, Wisconsin.
- (1) Should a specific definition of the practice of medicine be included in the model act?
- (2) If so, what is the ideal form of such a definition?
- (3) Should limited practice, as midwifery, massage, optometry, etc., be defined and provided for in a model practice act?
- (D) Report on Standards of preliminary and medical education. What should be incorporated in a model medical practice act?
 - A. D. Bevan, Chairman, and N. P. Colwell, Secretary of the Council on Medical Education, American Medical Association, Illinois.
- (E) Report of the Committee on Reciprocity and Registration.
 - G. T. Swartz, Rhode Island, Chairman.
 - Charles H. Cook, Massachusetts.
 - Henry D. Holton, Vermont.
- (1) What provisions for reciprocity should be included in a model practice act?
- (2) Should reciprocity be based on mutual recognition or on a standard adopted by the Board of the state from which the applicant comes?
- (3) What provisions for the registration of licentiates should a model law contain?
- (4) Should any provisions be made for county registration? If so, before what officers?
- (5) How can the registration system of State Boards be made more effective and of more practical value?
- (F) Report of the Committee on Revocation of License and Penalties.
 - E. Luther Stevens, Iowa, Chairman.
 - B. R. McClellan, Ohio.
 - G. W. Harrison, New Mexico.

- (1) Should the state licensing board have power to revoke a license; if so, on what grounds?
- (2) Should such revocation by the state board be subject to review of the courts; if so, should this include only a review of the proceedings of the board, or should the review include the questions at issue and the evidence introduced?
- (3) Should a model practice act impose a penalty for obtaining money from patients through false representation, as well as for practicing medicine without a license?
- (4) What should be the penalty for practicing medicine without a license? Should it be fine, imprisonment, or both?
- (5) What should be the penalty for falsely representing oneself to be a legally qualified physician?
- (6) Should revocation of license be permanent or temporary?
- (7) Should unprofessional conduct or criminal abortion be considered a justifiable cause for a revocation of a license?
- (8) What other causes should justify revocation of license?
- (9) What penalty should be imposed on limited practitioners who exceed their functions?

(Following the presentation and discussion of the above reports, a committee of the Conference will be appointed to supervise the drafting of a model bill for the regulation of the practice of medicine in accordance with the decisions of the Conference.)

Afternoon Session, 2 P. M.

Dr. C. A. L. Reed, Chairman, Committee on Medical Legislation, presiding

1. Call to Order.
2. Address—"Some of the Constitutional Aspects of Medical Licensure."
Professor Ernest Freund, Professor of Jurisprudence and Public Law, University of Chicago.
3. Address—"The Value of Uniform State Laws Regulating the Practice of Medicine."
Professor Roscoe Pound, University of Chicago.
4. Address—"Importance to the Public of the Proper Enforcement of Medical License Laws."
Hon Harry Olson, Chief Justice, Municipal Court, Chicago.
5. Address—"The Attitude of the Medical Profession Regarding Medical Practice Laws."
Dr. Henry B. Favill, Chicago.
6. Adjournment.

Meeting of the Conference of the Committee on Medical Legislation and the National Legislation Council of the American Medical Association.

Third Day—Wednesday, March 2d.

Morning Session, 10 A. M.

1. Call to Order by the Chairman.
2. Roll Call.
3. Address of the Chairman.
4. Appointment of Reference Committees.
5. Report of the Secretary.
6. Roll Call by States.
7. Adjournment.

Afternoon Session, 2 P. M.

1. Call to Order.
2. Reports of the Interim Committees.
3. Reports of Reference Committees.
 - (a) Reference Committee on National Legislation.
 - (b) Reference Committee on Federal and State Regulation of Public Health.
 - (c) Reference Committee on Uniform Regulation of the Practice of Medicine.
 - (d) Reference Committee on Uniform State Laws on Foods and Drugs.
4. Reports of Special Committees.
 - (a) Report of the Carroll Fund Committee.
Major M. W. Ireland, U. S. A., Chairman.
 - (b) Report of the Committee on Optometry.
George W. Gay, Massachusetts, Chairman.
 - (c) Report of the Special Committee on Expert Testimony.
L. M. Halsey, New Jersey, Chairman.
5. Report of Committee on Conclusions and Plans of Action.
(This committee to consist of the chairman of each of the foregoing committees and of the secretary, ex-officio.)

Following the report of the last committee a recess of one hour will be taken to allow the Committee on Conclusions and Plans of Action to formulate its report. Any members of the Conference desiring to present special matters to this committee are requested to be present at this committee meeting.

6. Appointment of Interim Committees.
7. Adjournment.

If necessary the conference will be continued on Thursday, March 3d.



DELAWARE STATE SOCIETY.

President: PRESLEY S. DOWNES, Dover,
 Secretary: G. W. K. FORREST, Treasurer: S. C. RUMFORD

§ § §

Officers of County Societies

NEW CASTLE COUNTY MEDICAL SOCIETY

President: H. G. M. KOLLOCK. Vice-President: J. W. BASTIAN,
 Secretary: M. I. SAMUEL. Treasurer: W. H. KRAEMER,
 1016 Washington Street. 307 S. Jackson Street.

§ § §

KENT COUNTY MEDICAL SOCIETY.

President: J. H. WILSON, Vice-President: E. S. DWIGHT,
 Secretary and Treasurer: P. J. DOWNES, Dover, Delaware.

§ § §

SUSSEX COUNTY MEDICAL SOCIETY.

President: WM. P. ORR,
 Secretary: JOS. K. FRAME, Treasurer: G. FRANK JONES

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Notices of Meetings

Delaware State Medical Society, October 11, 1910, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.

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Sussex County Medical Society meets at Georgetown monthly. Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1013 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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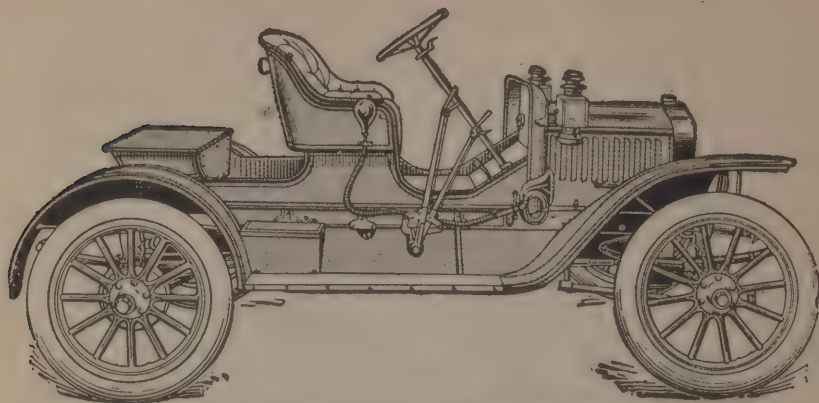
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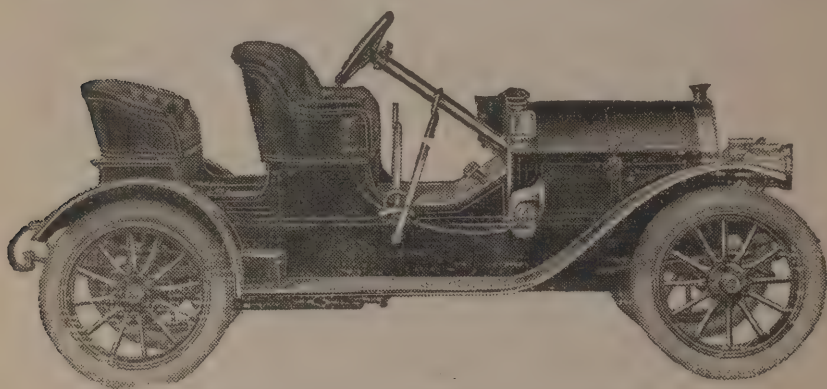
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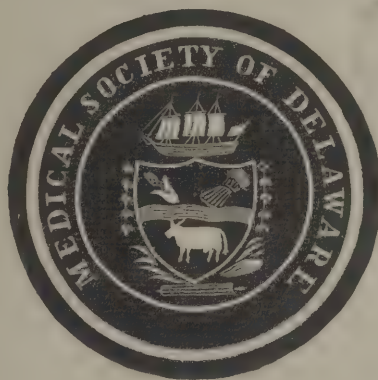
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Of the Delaware State Medical Society

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¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

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Albumenuria in Acute and Chronic Nephritis*James H. Wilson, M. D.**

Dover, Del.

The manifestation of symptoms in acute and chronic nephritis, shows more perverse, and greater diversity of characteristics than perhaps any other malady with which we are familiar.

It is not alone mild, severe, or grave, but complex, complicated and arising from numerous causes, and being a sequella to many other diseases, while its onset in the main is sudden, it is nevertheless insidious and protracted.

In severe and typical cases of nephritis, albumen will not be found in every specimen examined, or if not absolutely absent, its presence will be so trivial as not to be regarded as a factor in the gravity of the disease. Then, too, albumen is not infrequently found in the urine of persons apparently healthy.

Occasionally nephritis is a sequel of alcoholism, traumatism, urinary calculus contagious diseases, such as scarlatina, measles, whooping cough, diphtheria, mumps and numerous conditions, including pregnancy.

Albumenuria in its manifold complications would with a superficial investigation seem to refute the often repeated statement, that there is as much method in disease or in decay and death as is shown in life and growth. The many phases in which albumen is a factor could with a stretch of the imagination, thought to resemble a fragment of human suffering brewed in nature's laboratory, innocent and comely in appearance, yet with reckless fatality, carrying disease of its kind devastation and death to the whole human race.

This is of course imagery, but could we but comprehend the chemical changes wrought in nature's laboratory and follow the tracings of its handiwork we might perhaps know why albumen, so inert and apparently inactive at a given time and place should in equal quantities show such destructive energy.

The differentiation of the varieties of nephritis is at times most difficult, except at the autopsy, the pathology being so obscure. I recall a case where I correctly wrote the death certificate 'Gangrene of the Foot' which was the immediate cause of death, but the autopsy revealed each kidney a suppurating mass, with this specimen of urinary calculi imbedded in the centre of the right kidney.

Whether the chronic nephritis was primarily due to the deposit of earthy and alkaline salts as a hardened mass, being a mechanical irritant, with resulting nephriting inflammation

*Read at February meeting Kent County Medical Society, 1910

or whether albumenuria was the original trouble, I do not know.

Medical authorities in making statistical reports of nephritic inflammation, emphasize the fact that children are more liable to acute nephritis than adults. This is only true by reason of the susceptibility of children to contagious diseases,—adults have previously run the gauntlet of juvenile predilection to scarlatina, measles, whooping cough and other contagious diseases where nephritis inflammation is a complication.

My personal observation has been that adults develop nephritis uncomplicated, quite as readily as children.

There is much evidence to conform the occurrence of acute nephritis in epidemic form unaccompanied with epidemics of scarlatina and other contagious diseases.

Exposure to cold, dampness, dissipation and injuries are mainly the exciting cause of this trouble. This reason is sufficiently explanatory, for the preponderance of males, over females suffering from nephritis inflammation.

PATHOLOGY. There is marked variation in the appearance and anatomical changes of the kidneys as between the mild and graver forms of the disease. The pathological changes will vary in proportion to the local inflammation and lesions, this condition and change of structure in degree is dependent upon the amount of poisonous material circulating through the blood and being eliminated by the kidneys as well as by its intensity and duration of toxic action.

Authorities say there are no microscopical changes in the mildest cases,—as a rule, however, the kidneys are slightly enlarged, swollen and somewhat softened, though these condition are more evident when the interstitial exudation is abundant and inflammatory oedema pronounced. It is perhaps unnecessary to elaborate upon the structural changes of the diseases here and now.

DIAGNOSIS. The characteristic symptoms of acute exudative nephritis, whether due to cold dampness, exposure traumatism, scarlatina or complicating diseases are much the same, slight headache, languor, lassitude, depression in spirits, restlessness, nausea and vomiting, tense pulse, slight fever, anemia, oedema and dyspnoea, more or less pronounced, with the characteristic dread of recumbent position. In particular cases, smothered breathing is the most distressing symptom, with this condition very pronounced fever is not always present, indeed, through the whole course of chronic nephritis the absence of fever is very noticeable.

The presence of pallor of the countenance, with puffiness of eye lids with, or without general oedema. Chemical analysis of the urine should be frequently made.

The presence of albumen and hyaline casts, (cell casts) A diminished quantity of sooty looking urine with perceptible red and white blood corpuscles will render the diagnosis complete. All the symptoms enumerated above are not uniformly present. History of the case and complicating conditions should form the basis of presumptive evidence in obscure cases.

TREATMENT. The excretory function of the kidneys being impaired by the congestion, inflammation and hypertrophy of those organs, it is of primary importance to relieve this engorged condition to restore the functional activity of the kidneys.

This renal insufficiency must be supplemented by increased activity on the part of the skin and alimentary tract, that is, diaphoretics and cathartics must be freely administered until renal activity is restored,—the expedient of forcing the kidneys to perform their customary office by compulsory diuretic action, is at least of doubtful propriety. When active inflammation has, in a measure subsided, I have administered the lithia waters and mild diuretics, that is, in the stage of convalescence. During the inflammatory stage diuretics are more than questionable.

Congestion of kidneys is greatly relieved by vicarious action of the skin.

Absolute rest in a warm room with woolen blankets with a view to promote free and constant action of the sweat glands of the skin. Woolen underwear is likewise an important factor.

Diet should consist of bland liquids mainly. The fluids taken should consist of plain and distilled water, carbonated water, mild lemonade and buttermilk taken hot.

Milk diet is preferable, diluted meat broths may be given after the acute stage is over. In anemic conditions liquid peptenoids may be administered with good effect (preparations of iron). In acute pain, blood letting locally is recommended. Pain over the region of the heart (apparently neuraglic) I have given with a view to the elimination of uric acid from the blood 5 gr doses of the salacylate of sodium with good results. The use of hot applications and diaphoretic agents to induce profuse perspiration is desirable. In greatly weakened condition of the system with dyspnoea the hot pack is questionable.

Where cardiac asthma is a factor strychnia, digitalis, strophanthus and nitroglycerine should be given. Where extreme dyspnoea is present with fairly good heart action morphia in small doses may be administered hypodermically. In the main, however, supporting measures for the heart are

preferable. Cathartic action is best induced by small doses of calomel.

Elaterium is perhaps the best cathartic remedy at our command for the reduction of dropsical conditions. Cascara Sagrada is likewise beneficial. I would not recommend the promiscuous giving of cathartic medicine.

Diaphoretics. Liquor potassa acetate (Spts. Menderiris) Spts. Ether, Nit. Jaborandi and Pilocarpine would nearly cover the list of available diaphoretic remedies.

During periods of nausea the administration of Spts. ammonia aromatic, Bismuth, Oxalate of cerium, pepsin, etc., are perhaps indispensable. Just what to give either as food or medicine for this distressing condition, becomes a problem most difficult to solve. Being present at a discussion on this feature of nephritis at the section of Theory and Practice of Medicine at the present session of The American Medical Association at Atlantic City, the elimination of common table salt was conceded to be necessary by a number of prominent physicians, even suggesting its abolition from the food and dietetic articles, by reason of its special alkaline property. At this same discussion when referring to obstinate nausea and sick stomach with labored breathing there was unanimity of feeling, that it was well to abstain from all food for two or more days,—speaking of it “as the starvation method.”

In administering a mixed diet, the administration of either white or dark meat chicken is recommended.

Discretion must be observed in the administration of even a choice and selected diet, but milk can be given with greater uniformity and less restricted than any other food.

Dyspnoea may be induced by toxic retention, nervous conditions and mechanical causes. Cardiac disturbance with bronchial irritation and swelling of the larynx and respiratory passages makes the recumbent position simply impossibly reason of resulting dyspnoea.

Cough and expectoration are not uniformly present although catarrhal inflammation may be diffused over considerable portions of the lungs. Uremic termination of the disease may be marked by the presence of headache vertigo, sleeplessness, stupor, vomiting, diarrhea and delirium, indeed a fatal termination is as a rule preceded by these uremic symptoms. At this distressing stage of the disease medicines avail but little, for the patients comfort it is, of course, necessary, to administer hypodermically digitalis, strychnia.

Syphilis, tuberculosis, pregnancy and similar causes and complications have been purposely omitted inasmuch as it would be to duplicate symptoms and complex and complicated pathological conditions that do not with our present knowledge demand different remedial agents from those enumerated above.

Medical Ethics*G. Frank Campbell, M. D.**

Selbyville, Del.

The Century Dictionary defines ethics in the following language: "The science of right conduct; the science that treats of the nature and grounds of moral obligation and the rules which ought to determine conduct in accordance with this obligation; the doctrine of man's duty in respect to himself and the rights of others."

Science, then, may be defined as knowledge—a classified, comprehensive understanding—of all that is known on the subject under consideration. Would that all physicians were ethical; how few of us are in the strict meaning of the term.

Since the time of Hippocrates medical men have recognized the necessity of formulating rules for the government of their profession. In early times those entering the study of medicine were required to subscribe to the Hippocratic oath. When we note the ignorance of medical men relative to the code of ethics of the American Medical Association, or rather we might say their indifference to its teachings, we are of the opinion that the taking of a similar oath at the present day would be a good thing. Men entering the ranks of the medical profession ought to do so with a full knowledge of what their conduct is expected to be and what the penalty will be should they violate their pledge. A knowledge of social and medical ethics might be a requirement for entering our medical colleges.

When the profession of the United States became organized they adopted the code of ethics of the American Medical Association, which was originally framed from the code governing the profession in England. From time to time this code has been modified until now we are living under the one recommended at, and adopted by the A. M. A. at its meeting in New Orleans in May 1903. In the last revision much of the acrimony of the old code was cut out and more privileges given. To the county medical societies were given the formulating of a code and the decisions of all questions on ethics as long as they were in line with those suggested by the A. M. A. The state societies and the A. M. A. were only to be considered as courts of appeal.

*Read at meeting of Delaware State Medical Society, Dover, Oct. 1910.

The "Principles of Medical Ethics of the A. M. A." as promulgated in New Orleans is worthy of perusal and careful thought by the profession at large. There are those who might be able to offer suggestions for changing it in some particulars but we doubt if they could better it for universal use. How many codes or laws for the government of man have ever been adopted by legislative bodies which were not thought deficient by some one who was to be governed.

With many years of observation we feel that we have had sufficient experience and been in touch with the profession long enough to speak out and tell of the short comings of the profession in a few particulars. As a profession I think we are misrepresented and lied about more than any other profession. The laity will use our names in connection with a case, and purport to give our opinion of a case when there is no basis whatsoever for their statements. Our friends will think they are doing us a service by speaking of our work when they are really doing us much harm. Statements made to us by friends and patients as to what another physician might have said about us or our cases, must be weighed well before we give an opinion or in any way express ourselves. My observations lead me to believe that the mass of the profession mean to be and are, honorable men. The code of ethics is not for the government of these members of the profession, they would be honest and honorable if there was no code in existence. On the other hand there are a few in the professional ranks, and at times they seem to stand high in the estimation of the community in which they live who are only kept in line by fear of the law. And there are others to whom honor, uprightness, the code, professional pride nor anything else does not appeal and yet they are legally qualified practitioners of medicine and claim recognition in the community as physicians.

Little things often irritate and carry a sting that smarts for a time and yet the offense is not grave enough to consider seriously. A toss of the head, a shrug of the shoulders or a slight remark when the opinion of a physician is given relative to a case is a small thing but often telling in its effect. Here we have a new physician, recently arrived, who drops the remark that he did not know how the town had gotten along without a truly scientific physician before he came. There we have a physician who tells your patients that he is better equipped to care for them than you are, or it will be cheaper for them to treat with him. Yonder, in the distance, we see one who tells around his neighborhood and to your patients that you ride around in an automobile there-

fore you have to charge them more than he would. These things are all small, too small to take cognizance of by preferring charges, and should not be indulged in by men of standing.

It seems strange that one of the learned professions should be admonished in regard to the use of alcohol and narcotics. How alarmingly often do we note the downfall of a bright man by the too free use of these agents. How deplorable the fact that we find young men who think they can do as they please in the free use of these agents and still retain their standing in the profession and community. Such is not the teaching of the code of ethics.

Under the head of morality we would speak of the abortionist. Every community has one or more doctors that habitually produce abortions. It may be that our county or state has men of this character and that they are legally qualified practitioners of medicine; and we are expected and do meet them in our daily routine of work. In the latter sections of our code we are admonished to protect the community in which we live against those elements which undermine the health and morals. It is a duty we owe to the community, as well as to our profession that we trace up some of the work done by the abortionist and drive him out of the community or at least refuse to meet him in council.

Our societies are open for the admission of all legally qualified practitioners of medicine. The only requirement is that they must declare that they adhere to no special dogma or ism, and come up to the standard of a gentleman established by the county medical society. Not only making the declaration in the last sentence but live up to it in their daily intermingling with the community. These have been my views for years and I was glad to see the convention at New Orleans announce these sentiments. Good men and true ethical gentlemen are in other schools beside the regular. In therapeutics only should there be differences and the treatment of the regular of any specific disease is so diversified that you could not recognize a man's school by the remedies used.

While it would be nice if all legally qualified practitioners in a community were upright and possessed of the standing and inclination to be members of our society, we can not refuse association in a case, and consultation with, those who are not members as long as they are reputable men.

The code tells us that it is incompatible with honorable standing to advertise in any way in the community. How many of our members can stand up and truthfully say "not guilty." Men talk for the people to hear of their work. They

may do it in the clubs; in the churches; to a newspaper reporter or in the families they meet in the daily routine of work. Haven't you often noted how a few members of our profession in the larger towns monopolize the papers and discussions for the purpose of demonstrating to their country cousins what a mighty and skillful personage they are? Many men establish opinions on one or two cases and draw out a score or more deductions and rules to follow in treating similar cases. Do we see an object in this? Let it be understood that I am in favor of medical conventions and the interchange of ideas on interesting subjects. Far be it from me to say one word that would reflect upon the advisability of holding such conventions but the point I wish to make is to do away with the commercialism in these bodies. Others embrace every opportunity to wine and dine you when they see cases coming in to them but know you not when you take them elsewhere or care for them yourself. Is there commercialism in this hospitality?

I once asked a doctor friend of mine why he wanted to be quiz master in the college. He replied that it introduced him to many men who go out in the neighboring towns and in the future they would send him more or less work to do in his specialty. He said many of the professors considered the income from this source when they accepted their positions. Can we see any advertising or commercialism in this? It may be that we see in this the reason for having such long lists of professors and adjuncts in our college announcements. It is surely not feasible for the student to listen to lectures from all who appear on the list.

Other men will write a book, and I want it to be understood that I am in no way opposed to this if they have a new idea to present or think they can present an old idea in a new way and thereby do men good, and advertise it extensively with their photograph adorning the announcement. Is there any commercialism in this?

Others will flood the profession with sanatorium announcements and perhaps the institution has never been built. In this manner they get before the public as being a specialist in certain lines in the community in which they live. Is there any commercialism in this?

These same men will frown down on the small local in the newspaper announcing that Mr. A. B. met with an accident by falling off his wheel and Dr. C. D. attended him and will have him out in a few days. Both will come under the head of commercialism. The one is planned and deliberately executed and the other often the work of a reporter and not

at all under the control of the doctor. Our society has sought to bring the latter under a ban but winks at the former and lets it pass by.

While on the thought of commercialism in medicine we will speak of fees and their division. Owing to competition and the gaining of a livelihood we are met with the wage or fee cutter. They are not always the younger members of the profession by any means. Parties wanting an operation will often visit two or more surgeons to get their opinions and fee. Men anxious and ambitious to do a large volume of business are tempted to lower the fee below what it is worth. This ought not to be so. It lowers the standard of the profession in the eyes of the public and underpays the surgeon doing the work. It savors too much of commercialism in the profession. Rather let us meet and establish some uniform minimum price even though our county society constitution I presume says we can not consider fees in our society meetings.

The division of fees for operations brought to the surgeon is likely to incite some ambitious man to advise operations when not really necessary for the life and comfort of the patient. It savors too much of the stool-pigeon methods that are practiced by the charlatans in our cities. We have heard of no such methods practiced by those doing surgery in our state hence will not dwell further on this feature of commercialism.

The question of the conduct of physicians during and after a consultation causes more contentions in the profession than any other one situation in which physicians find themselves placed. If the statements of the attending physician or consultant could be made under the same conditions and inflections or language when repeated as they were when originally made, very little trouble would ensue. This seems impossible for the laity to do, hence when the attending physician hears what the consultant has said after leaving his presence it often sound discordant in his ears and he does not feel good. The framers of the code recognized this frailty of man in talking and put in section 6, "No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, or by their common consent; and no opinions or prognostications should be delivered which is not the result of previous deliberation and concurrence."

Further, Sec. 7 and 8 tell us that "No decision should restrain the attending physician from making such subsequent variation in the mode of treatment as any unexpected change

in the character of the case may demand." "The attending physician at any time, may prescribe for the patient; not so the consultant, when alone, except in a case of emergency or when called from a considerable distance."

We have known physicians to enter the consulting room and in the presence of the patient, apparently to make an impression ask the physician in attendance whether a blood-count had been made; whether the urine had been examined; had a Widal test been made; had a specialist been consulted regarding the headaches and many other such questions. These things are all right for the consultation room but in very bad taste, to say the least, in the sick room in the presence of the patient and friends.

Often the man in general work sends his patients to the specialist to find out what conditions exist in special organs as the eye, ear nose or throat. He feels that he is able and competent to tell of the conditions existing in the lungs, heart kidneys or female organs. The specialist does not stop with the organ he has been asked to examine but goes over the body "whither-so-ever he listeth" instead of calling on the general practitioner, who has sent him the case, for his general information. Or he may send the case to other men to have them examined without consulting the man who has sent the case to him. Such methods do not conduce to happiness in the ranks of the profession and should be avoided.

Nowhere should the golden rule be more strictly observed than in the medical profession. Many of us pervert the golden rule and do unto the other fellow as we expect that he is going to do unto us, if he gets a chance, and do it first. If there is a place where the Roosevelt rule of a "square deal" is applicable it is in the medical family. Every discordant note in our society, every estrangement between the members of our fraternity serves to lower public estimation of our profession. Let us be up and doing and awake to the interests of our people and our chosen profession, and live lives that will tend to harmony in our profession and the betterment of mankind. Physicians are made a prominent factor in the community on account of the standing of their profession. They owe it to the profession and community to be men, morally, socially, politically, professionally and in every way help to uplift and better the people among whom they live.

Discussion of Dr. Campbell's Paper

Upon motion of Dr. H. W. Briggs, Wilmington, seconded by Dr. P. W. Tomlinson, Wilmington, the time of Dr. Campbell for the reading of his paper was extended.

DR. H. W. BRIGGS, Wilmington:

It has always been a matter of regret to me that the regular medical schools have not taken up and taught more medical ethics to the student in their regular course. I believe that some of our neighbors are far in advance of us in this respect. I understand that in some of the schools the teaching of Medical Ethics has a very important place. I also regret that the persistent violation of Medical Ethics is not a sufficient cause for revoking a physician's license. Under our state laws there are three principal reasons, for which a physician's license can be revoked; one is the conviction of criminal abortion; another is chronic and persistent inebriety; and the third is advertising the cure of chronic incurable diseases. Practically all diseases, which eventually become chronic, in their incipiency are curable; therefore, revocation for that cause is improbable. It is a matter of great regret to me that some of our men who are educated at the best institutions, and come to our state to practice, passing very creditable examinations, afterwards turn out to be a disgrace to the profession, and there is nothing to prevent them from continuing. I wish the organic law of the state could be so modified that a man before he could come into the state to practice would have to take an oath of allegiance to a standard of medical ethics, the violation of which would be sufficient cause for revoking his license to practice medicine.

DR. P. W. TOMLINSON, Wilmington:

Referring to Dr. Campbell's paper, I felt very glad while he was reading it that he had seen fit to incorporate in it the Code of Medical Ethics of the American Medical Association. It has been a good while since I read it. I felt at the same time that most of us had read it, and perhaps most of us are living up to the Code, and the men perhaps are not here who need to hear it most. But, being incorporated in the doctor's paper, which will be published in the Journal of the State Society, those who do not attend the meetings of either the County Societies, or the State Society, will have it brought to them in that way. I do not quite agree with the doctor in condemning the writing of papers, if I understood him correctly. I admire the men who see fit to write papers and describe cases, and I wish more would do so. I have practiced in the country and in the city, but I rarely

write an article. I wish I had written more. Having been a practitioner in the country I can speak from that standpoint. There is nothing to prohibit a practitioner in the country from preparing a report of his cases, and I think we would all be glad, if we saw more papers coming from both the country and the city practitioners. Not only am I always glad to read these monographs, but I am charitable enough to believe that whatever is thus written is not written for the purpose of calling attention to the skill of the writer. I hope that Dr. Campbell does not think that every man who writes a paper does so for the purpose of increasing his practice and swelling his revenue. As to the long list of demonstrators and assistant demonstrators he refers to as published in the catalogues of medical colleges, some of them may, as the writer intimates, seek those positions so as to place themselves before the public, hoping thereby to secure a larger clientele, but I think that a great many of them seek these positions that they may further educate themselves. There is no better way of acquiring knowledge than in teaching. I think too that the prolonged course in medicine and the strenuous work of the students, also makes it strenuous for the teachers, and they need a large corps of assistants. I am glad to see them there. They not only teach the classes, but from what I have learned from the students they help them individually, and there being so many of the students, it is necessary for them to have a large number of instructors. Hence I disagree with the doctor in some of the things that he said along that line.

DR. G. W. MARSHALL, Milford:

I had the honor to be the representative of this Society to the House of Delegates of the American Medical Association at the New Orleans Convention in 1903. For more than fifty years the general principles as enunciated by the "Code of Ethics" were the character of the American Medical Association, but on account of the strenuous and complex conditions of life to-day, made so largely by the specialists of the large cities, the House of Delegates of the American Medical Association changed the "Code of Ethics" and it is now known as the "Principles of Ethics of the American Medical Association." They are simply the principles that guide our actions. In the use of the word "Code" it conveyed the idea that there was a penalty attached. These principles embody the ideals for which the medical profession should stand, the "Code" and the punishment is left for the State Societies and the County Medical Societies. I notice that the mistake is made so often in calling it the

"Code of Ethics of the American Medical Association," when what we are living under to-day is the "Principles" of Ethics. Furthermore, while I think it was a very good paper, I cannot give my approval to some of the conclusions drawn by the writer and I wish to dissent from them.

DR. G. W. K. FORREST, Wilmington:

I would like to introduce Dr. William S. Newcomet and Charles A. E Codman of the Pennsylvania State Medical Society. Perhaps Dr. Codman may have something to say, as he is a member of the Board of Censors of the Pennsylvania State Medical Society.

DR. CHARLES A. E. CODMAN, Philadelphia:

I did not hear all of the very excellent paper of Dr. Campbell on the Principles of Ethics. I believe that the greatest rule is the Golden Rule, "Do unto others, as you would have others do unto you." Medical men should meet in the localities where they practice and become better acquainted. This makes them loyal and binds them with a feeling of brotherhood. When we know one another, we can help each other. One gentleman referred to the fact that the men who should have heard this paper are not here. We have found they remain away from medical meetings from the fact that they do not realize they are welcome. They believe medical meetings are for specialists and others who wish to exploit themselves. A personal invitation will often dispel this feeling. A few years ago when we had only one branch of the Philadelphia County Medical Society, this same feeling existed, particularly among the younger men. Through the efforts of Dr. Albert M. Eaton, branches were established in different sections of the city and men were invited to attend the meetings. Dr. Newcomet, Dr. Longenecker and myself organized a branch in West Philadelphia. As soon as this branch was established a number of gentlemen in our locality stated a society in opposition. We appealed personally to them and invited them to our branch meetings. Then we quietly inaugurated a system of benevolent assimilation. We invited their officers to join us, and finally succeeded in not only getting the officers, but most of their members. Then these men were encouraged to read papers, report cases and take part in the discussions. As a result of this branch movement the Philadelphia County Medical Society has grown from a membership of 450 to more than 1300. Branches have been established in every section of the city, and the meetings have an average attendance of from 40 to 50. Occasionally as many as 90 or 100 physicians are present at a single meeting. I believe this to be the best way for physicians to meet one another and to help each other.

The Journal of the Delaware State Medical Society.

EDITOR,
Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

The New Board of Health for Wilmington

It will soon be time for the appointment of a new Board of Health in Wilmington and on account of the change in administration the members will probably all be chosen from the ranks of the political party now in power. It is extremely unfortunate that this Board should be under the control of partisan politics for its members should be appointed for their fitness in connection with matters of health pertaining to the community. The mayor will have a greater responsibility this time because he is a physician himself and it is to be hoped that his appointments will be men known to be efficient by their brother practitioners.

As a rule the physicians who have occupied places on the Board have been men of the highest standing in the profession and such men are necessary to make this Board of any value.

The present Secretary is one of the best, if not the best the Board has ever had and no more serious mistake could be made than to remove him. Every physician, and in fact all who have come in contact with him realize his peculiar fitness for the office and his past record is one that has never been surpassed in the history of this Board. It is earnestly to be hoped that the Mayor may see fit to continue him in office in spite of the tremendous pressure that will be brought to bear upon him to appoint some faithful political follower who has no knowledge of the special work required.

Every physician of Wilmington is concerned in this matter and should consider it his duty to urge upon the Mayor the reappointment of Mr. Wigglesworth.

Deaths Among Physicians

It appears that the most common causes of death among doctors are heart failure and nephritis. Both these causes are due directly to the abnormal life of the doctor, a life full of anxiety, overwork and exposure. Surprising as it may seem, physicians seldom discover their afflictions at early stages. This is partly due to habits of self-neglect and partly to a natural fear of discovering conditions which may be serious and beyond remedy. Thus it happens that only by mere chance does a doctor discover a chronic nephritis or some cardiac trouble. When these conditions give rise to symptoms, the physician usually ascribes them to fatigue caused by overwork, but instead of removing the cause, as he would urge his patients, similarly afflicted, to do, he proceeds to drug himself with tonics, cardiac stimulants, etc. The result is that when the time comes for the vigorous use of cardiac stimulants, as in cases of acute dilatation, we find a heart already overstimulated and not responsive to treatment. The tendency to overdrugging among doctors is frequently responsible for their early deaths.—A. R.

A Much Needed Explanation

In another part of the Journal will be found printed in full an editorial from the Journal of the A. M. A. We feel that it is desirable to call attention to it in this manner in order to have every physician in Delaware read it and think over it. It explains in a perfectly plain and convincing manner certain matters that have been under discussion for the past year.

The American Medical Association has been of inestimable value to the physicians in the U. S. and because of its great work in fighting the patent medicine and nostrum business, fake medical concerns and other such bloodsucking organizations, the persons controlling them have endeavored to get even in the manner known to all. It is high time that something be done to drive these fraudulent concerns out of business. The A. M. A. has played a most important and praiseworthy part in helping to do this.

It will further emphasize the importance to the medical profession of thorough organization. The present policy of the A. M. A. will continue, and its work be carried on in spite of these annoyances. We believe few physicians realize the amount of good accomplished by the organization and are sure that the large majority do not appreciate the many and important activities of the association. It is with pleasure that we learn that in the near future the Journal of the A. M. A. intends taking up the discussion of the fundamental prin-

ciples of organization as well as the most important activities of the A. M. A. in the last five years. This will explain more clearly the reasons underlying the attacks on the administration.

Medical Inspection

Everyone familiar with the conditions will admit that the medical inspection of school children is not only desirable but necessary. It is also agreed that the principle is a correct one. It is apparent, however, that to attain the results intended and to be of the value desired, it is essential to have a careful examination of all children by capable and competent examiners. The inspectors should be from the ranks of the medical societies and should be the best obtainable. They should be men of the best standing not only in the community but among their professional brethren for their ability and training. This is a question that is of so much importance that only the best can be of service and when the best men refuse to take an interest in it the matter might as well be given up since the chances are the results will be of no value to any one.

It is unfortunate that with a few exceptions the representative physicians of Wilmington are having nothing to do with this movement, and are really opposed to it under the present circumstances. Matters were not helped any by the committee accepting the services of a man who was expelled from the County Medical Society for unprofessional conduct. Altogether the arrangements have been unsatisfactory to many who prefer for various reasons to have nothing to do with it. This half-hearted manner of management has caused many persons to send their children to their family physician for examination and paid him for it.

The examination cards as printed cover the subject in a thorough manner and if followed out carefully would result in obtaining data that would be of considerable value, but the examiners for some strange reason have seen fit to omit certain parts and have succeeded in cutting out the most important parts with one or two exceptions, thus destroying

almost entirely the value of the examination. To subject children to such a superficial examination can only be a source of annoyance to all concerned and is worse than useless. It is difficult to understand how any physician can give his time and support to such scheme without compensation and it becomes more so when he is to give his services free. Conscientious men will object to such a superficial inspection and will refuse to give as much time as is necessary for a complete examination without adequate compensation. The time has come when the physician should be given more consideration in this respect since he has to depend for a living upon his labors as well as those in other walks of life.

There is another aspect that must not be lost sight of and that is the fact that in the event of any regularly appointed inspectors they will probably be appointed on account of their political affiliations and not because of their fitness. The City Board of Health is an example of what a mistake this would be. This Board is much hampered in its work because of politics and to inaugurate another department such as this scheme of medical inspection will only result in making more positions for the faithful follower of some political party and serve no good purpose. Up to the present time the movement has all the earmarks of just such a scheme and certainly no physician would be willing to lend his assistance to such a one.

It is greatly to be regretted that this matter of medical inspection should have proved to be such a farce since that is what it seems to be.

It is to be hoped that in the near future the Board of Education will see fit to make arrangements for the thorough inspection of the public school children by examiners adequately paid and appointed in such a manner as to obtain the best and most competent men regardless of their political faith: Until this is done any plan that can be devised utterly in its most essential points.

County Society Notes

Meeting of New Castle County Society

The regular meeting of the New Castle County Society was held on March 15. Dr. Willard Springer read the "Biography of an Alabama Student," by Dr. William Osler. Dr. Charles P. White, Wilmington, was elected to membership. Resolutions were presented pertaining to the continuance of the present Secretary of the Wilmington Board of Health in office. No action was taken since it was thought best not to allow politics to enter into the Society.

The following resolutions were adopted on the death of Dr. Thomas Enos and several members made short addresses.

Whereas, Death has removed from our midst our fellow member, Thomas A. Enos, and

Whereas, By this dispensation of Providence, our Society has lost an honored member and the community in which he lived a useful and upright man.

Be it Resolved, By this Society now in session that while we deplore this loss, we bow in humble submission to the will of Him who never errs and be it further

Resolved, That this resolution be spread on the minutes of this Society and a copy of the same sent to the family of the deceased.

Signed P. W. TOMLINSON,
H. W. BRIGGS,
WILLARD SPRINGER,
Committee.

In Memoriam of Dr. E. W. Cooper

Our friend and fellow practitioner, Dr. E. W. Cooper, of Camden, Delaware, has passed to his final resting place.

Just what his death means to this community can only be appreciated by his family, his friends and those who knew him intimately.

To those of us who recognized his real merit, and had the privilege of enjoying his friendship he was, and will remain a tower of strength and his influence a power for good.

To his friends and the medical profession, it means much to say that he was a useful citizen, an honest man, good physician, an all round manly man and Christian gentleman.

In an analysis of Dr. Cooper's character these qualities are especially true. He possessed the forceful qualities of an individual or personal grandure, this being shown in his mental symmetry, judicial insight, courage of his convictions, lofty ideals, comprehensive in expression, methodical in thought, intense in action. In controversy never recognizing failure or defeat.

Dr. Cooper was lovable in his domestic relations, genial as a companion, affable in his relations with fellow practitioners and friends, but being intensely realistic, he was very naturally pronounced in his convictions. Fluent as a speaker and good debater he was an able champion of any cause he might espouse.

We all recognized the sincerity of his motives and admired the tenacity with which he adhered to his specific views.

His was yea and nay ultimatum in stating his diagnosis or his views upon sanitation. In this domain he was local authority, while ever modest, he nevertheless felt that he possessed the requisite information and championed his views with the utmost vigor.

No one quality of Dr. Cooper's mental make up, was more pronounced than the standard of moral excellence, moral uprightness that he maintained for the medical profession.

The members of the medical profession admired him too, for his love and loyalty to all that was best in the ethics of the American Medical Association. In this particular, especially our State and County Societies had an able champion.

Deploring as we do the death of our fellow member and recognizing what this loss means to each of us, therefore—be it **RESOLVED**

That the Kent County Medical Society wish to give this expression of their esteem and affection for Dr. E.W. Cooper and order this **MEMORIAL** placed upon the minutes and a copy sent to the family of the deceased.

Medical Education

Henry W. Briggs

The Fifth Annual Conference of the Council on Medical Education

It was my pleasure to represent the Delaware State Medical Society at the sixth annual Conference of the Council on Medical Education, held at Congress Hotel, Chicago, Ill., on February 28th and March 1st and 2d, 1910.

The session was of more than usual interest since it was held in conjunction with the fifth annual Conference of the Committee on Medical Legislation, delegates of each conference attending the meetings of the other. The presiding officers of each of these sessions were the chairmen of the respective committees, Dr. Arthur D. Bevan, of Chicago, and Dr. Charles A. L. Reed, of Cincinnati, each a master in the art, and business was dispensed with in a prompt and satisfactory manner. The morning session of the first day was taken up by the reports of the special committee on practical tests license examinations. It was generally conceded that such tests would be of great value wherever it would be possible to give them but would require facilities which are not at the command of many of the state boards, such as the wards of a hospital where actual bedside examinations could be made. An examination of the eye for errors of refraction was strongly urged, and many state boards have already notified the medical colleges of the country that in the future such examination would be required. This I believe to be an excellent recommendation, for every physician could at a small expense and very little preparation, equip himself to make such examinations for the correction of the errors of ocular refraction; in this way we can save our patients the necessity of consulting the optician, who in many cases advise the use of glasses when unnecessary; thus any serious eye lesion would be detected and referred for proper treatment, whereas in the hands of the optician the adjustment of glasses is the panacea for the relief every abnormal condition of the eye.

The afternoon session was addressed by men whose names alone will indicate the high character of the papers and discussion. They were, Hon. Elmer E. Brown, U. S. Commissioner of Education, Henry S. Prichett, President of the Carnegie Foundation for the advancement of teaching, J. G.

Schurman, President of Cornell University, and Dr. Victor C. Vaughan Dean, of the University of Michigan College of Medicine and Surgery.

Standards of medical education and the university medical schools were the subjects discussed. The drift of sentiment, with some few exceptions, was, that the ideal medical school should be an integral part of the university, directed and controlled by the same officers and board of trustees as the other departments, that it should be equipped with every modern facility, both laboratory and clinical, for the teaching of scientific and practical medicine and surgery, and its endowment equal in proportion to its students, to any other department not excepting the liberal arts and engineering courses; that the teachers, with the possible exception of general medicine, surgery and obstetrics, should devote their entire time to such instruction at a guaranteed liberal salary, in no way dependent upon the fees of students. Such institutions are prepared to offer the student the best at a minimum expense.

It is encouraging to note, since the investigation of medical schools some three years ago, the number of American medical colleges have been reduced from 161 to 138, and of these but 68 are acceptable. This healthy reduction has been accomplished to a great extent by the refusal of state licensing boards to admit for examination applicants whose preliminary and medical education are not up to the standard.

It is more than probable that this reduction will continue, as the death knell has been sounded on commercial and low-grade schools by the most influential and strongest organization of medical men in the world.

The joint sessions of the two committees on the second and third day of the Conference were equally important and interesting as those of the first, a brief resume of which will be given later.



Report of the Committee of Conference on Medical Education on the Definition of the Practice of Medicine

Dr. L. M. Halsey, New Jersey, presented the following definition: A person practices medicine and surgery within the meaning of this act who holds himself or herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity, physical or abnormal mental conditions, and who shall either offer or undertake by any means or methods to diagnose, treat, operate, or prescribe for any human disease, pain, injury, deformity, abnormal, mental or physical conditions.

News Items and Personals

Personals

Dr. Jas. L. France, Major N. G. D., has resigned from the National Guard of Delaware after serving seven years. Dr. R. J. McKay, who has been seriously ill at his home for the past four weeks has recovered. Dr. H. W. Briggs and Mrs. Briggs have returned from Chicago, where Doctor Briggs attended the conference on Medical Education of the American Medical Association.

Medical Inspection Appointed

The following named physicians were assigned to examine the school children of Wilmington and began their work on March 14:

High School, Drs. Wales, Pierce and Ellegood; No. 1 school, Dr. Edgin; No. 2 school, Dr. Foulk; No. 3 school, Dr. Forrest; No. 4 school, Dr. Bastian; No. 5 school, Dr. Rumford; No. 6 school, Dr. H. G. Buckmaster; No. 7 school, Dr. Ostro; No. 8 school, Dr. Frist; No. 9 school, Dr. Pennock; No. 10 school, Dr. Ryon; No. 11 school, Dr. Briggs; No. 12 school, Dr. Postles; No. 13 school, Dr. Samuel; No. 15 school, Dr. Rovitti; No. 16 school, Dr. J. B. Stubbs; No. 17 school, Dr. Beaston; No. 19 school, Dr. Kelley; No. 23 school, Dr. Gray; No. 24 school, Dr. Cleaver; No. 26 school, Dr. Beaston; No. 27 school, Dr. Palmer; No. 28 school, Dr. Phillips; No. 29 school, Dr. Banton.

The following nurses will assist: Miss Sumner, Mrs. Harris, Miss Bogan, Miss Boyle, Miss Graves, Miss Hook, Miss Lynch, Miss Marsch, Miss Spence, Miss Sinclair, Miss Wadman, Miss Mabel Jones, Miss Bertha Hayes, Miss Ada Abey.

Free Pasteur Treatment for the Poor of Wilmington

Mayor Spruance, of Wilmington, recommended to the City Council recently that all persons applying for free Pasteur treatment for hydrophobia be required to make affidavit that they were unable to pay for such treatment; that they be treated by the city vaccine physicians and that an additional vaccine physician to be a colored physician to attend to the colored people.

Meeting of the Delaware State Tuberculosis Commission

The quarterly meeting of the Delaware State Tuberculosis Commission was held at Harrington on March 24th. In addition to the routine business, the establishment of new dispensaries at Dover, Smyrna and Greenwood were authorized.

Recommendation by President of Board of Health

The President of the Board of Health of Wilmington in his annual report urges among other things the better enforcement of the anti-spitting law, the meat inspection law and the passage of a law to abate the smoke nuisance.

A Bad State of Affairs

The Wilmington milk inspector in his annual report, says that dairy inspection, as now practiced by the veterinarians, is a mere farce. He says that the producers should be relieved of this system of petty graft, since the only interest the majority of dairymen seem to have in the inspection is to secure the necessary certificate at the least possible expense. He further states that it has developed into a race between two or three veterinarians as to which can collect the largest number of fees. In many inspections the veterinarians have never examined the cattle and in one instance an animal with disease of long standing was passed and sent to the abattoir, and only prevented from being sold by the Government inspection.

Annual Meeting of Delaware Hospital Managers

At the annual meeting of the managers of the Delaware Hospital held on March 16, the following physicians were elected to the staff:

Staff of Physicians—Consulting physician, Dr. William R. Bullock; surgical department, Drs. John Palmer, James A. Draper, Joseph P. Wales, Harold L. Springer; assistant surgeons, Drs. H. W. Briggs, I. J. Shepherd, M. I. Samuel, G. B. Pearson; medical department, Drs. John P. Wales, P. W. Tomlinson, Willard Springer, J. W. Bastian; assistant physicians, Drs. Alfred L. Kelley, William H. Kramer, G. W. K. Forrest; specialists, Drs. Read J. McKay, eye and ear; J. A. Ellegood, nose and throat; Henry J. Stubbs, gynaecology; Samuel C. Rumford, associate in gynaecology; William C. Speakman, mouth; dental department, Drs. William C. Speakman, Lewis Rumford.

Dispensary Department—J. Burton Rutherford, M. D., H. B. Patton, M. D., R. E. Ellegood, M. D., Paul Smith, M. D. Dispensary for eye, ear, nose and throat—Read J. McKay, M. D., R. Raymond Tybout, M. D., J. A. Ellegood, M. D. Dispensary gynaecologists—Henry J. Stubbs, Samuel C. Rumford. Pathologists—Albert Robin, M. D., William H. Kraemer, M. D., Skiagrapher—Robert E. Ellegood. Superintendent—Miss Jeanette F. Duncan. Internes—C. C. Collister, M. D., F. F. Hall, M. D.

Wilmington Health Notes

The total number of deaths in this city for the year 1909 was 1,362, giving us a death rate of 14.64 in the one thousand inhabitants.

During the year just closed 2,072 births were recorded in Wilmington. This is the largest number of births returned to the Registrar in any one year since a record of vital statistics has been kept.

There were 171 cases of typhoid fever with 24 deaths during the year 1909, as compared with 176 cases and 21 deaths for the preceding year. Of the 24 deaths from this disease last year 4 were those of non-residents, the patients having been brought to our hospitals for treatment.

A joint meeting of the physicians of the Board of Health and Board of Public Education was held on the evening of February 12th for the purpose of devising means of inaugurating a systematic medical examination of the pupils of the public schools. Volunteers have been asked for to make the initial inspection but it is the intention of those interested to draft an ordinance, providing for the appointment of two salaried medical inspectors.

The total number of deaths from consumption during the year was 139, and the following table gives the mortality from this disease by color and months, and also the death rates from total deaths and white and colored deaths:

Deaths from Consumption

	White.	Colored.
January.....	2	4
February.....	2	3
March.....	13	4
April.....	11	2
May.....	10	4
June.....	9	3
July.....	5	2
August.....	8	4
September.....	9	4
October.....	9	3
November.....	9	0
December.....	14	5
Totals.....	101	38

Estimated population of Wilmington, 93,000.

White population.....78,500

Colored population.....14,500

Death rate from consumption, entire population, 1.49 in the one thousand inhabitants.

Death rate from consumption, white population, 1.29 in the one thousand inhabitants.

Death rate from consumption, colored population, 2.62 in the one thousand inhabitants.

Therapeutic Progress

Albert Robin, Editor



ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observants, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

For the treatment of flatulence, Boas advises, in addition to regulation of the diet, magnesium salicylate in doses of 1 or 2 gms. three times daily.

The plant *Rumex obtusifolius* contains 0.447 per cent. of iron in organic preparation, and is believed to be superior as a chelate to the peptonates of iron.

Yeast has been shown to possess distinct bactericidal properties, killing gonococci in 6 hours, streptococci in 32 and staphylococci in 40. It is, therefore, useful in the treatment of gonorrhea, particularly in women.

Sanatogen is a combination of casein and sodium glycerophosphate. While it is of some value as an easily assimilable food in combination with what is supposed to be a "nerve-tonic," the exaggerated claims of the manufacturers place this article in the group of nostrums.

Syrup of ginger will effectually disguise the taste of iodide of potash.

A few drops of formaldehyde in the thermometer case, renewed from time to time, will keep the thermometer aseptic and save your conscience.

Dr. J. B. Fish recommends inhalation of a few drops of chloroform as a safe and reliable remedy for pulmonary hemorrhage.

Storrs found that the lacteal engorgement of the breast following labor, where the woman does not nurse, will subside if let alone. The customary massage, belladonnae, etc., are not only unnecessary but harmful.

Dixon found that ether is a depressant to nerve tissue and, therefore, is not a cardiac stimulant. Likewise strychnine has no direct stimulant action on the heart.

Cashny demonstrated that belladonna has not effect on lacteal secretion.

Hale made the observation that caffeine is of no value in counteracting the depressant effect on the heart of acetanilid. On the other hand sodium bicarbonate seems to lessen the toxicity of acetanilid.

Bitter tonics or stomachics increase the secretion of gastric juice not by their direct action on the gastric mucosa, but by the stimulation of the gastatory nerves. They should, therefore, be administered before meals and in solution. Pills or capsules are worthless.

From a stage of empiricism in therapeutics we are passing into one, which may be properly termed "speculative therapy." The application of remedial agents is no longer made on the hit or miss plan, but the physiologic needs of the deranged organism are kept in view. Our incomplete knowledge of physiology and more particularly pathologic physiology renders such methods of treatment largely speculative and experimental. The study of immunity resulted in the use of immunizing and antitoxic substances while recent studies of the internal secretion led to the use of glandular extracts. However, so far it appears that only diphtheria antitoxin and antitetanic serum (as a prophylactic), in serum therapy, and the extracts of the adrenals and the thyroid in organotherapy, have proved of practical value. All others, and their number is increasing daily, are still in the experimental stage and should be employed only in hospitals and clinics, where careful observations on a large scale are possible. A well-known surgeon is wont to say, "O, Lord, deliver me from the man who reports a—case."

Miscellaneous

The American Medical Association—Its Policies and Its Work

I. The Opposition and Its Causes

The proprietary medicine business, until within the past five years, had a most phenomenal growth and one which, considering the viciousness of the traffic, would have been impossible had it not been immensely profitable. The large returns drew to its ranks men without knowledge of medicine, pharmacy or chemistry, men who not only put up preparations for the medical profession to use, but also had the presumption to attempt to teach physicians how to use them—how to treat disease. Reputable manufacturing pharmaceutical houses, finding the demand for official and non-secret drugs falling off, were, one by one, almost forced by economic conditions into the secret proprietary business, until finally there was hardly a pharmaceutical concern that did not have many typical nostrums in its lists of "Specialties." The Journal, like other medical journals of that time, accepted advertisements of proprietary medicines which later proved to be fraudulent; there was no standard and no means of distinguishing the good from the bad. Thinking members of the medical profession realized the conditions and continually protested against them. The evil was discussed in society meetings, often with emphasis, but the agitation usually ended only in discussion, while such criticisms were smoothed over or eliminated when the reports of the proceedings appeared in medical journals.

The proprietary "interests" were so powerful financially, they ramified in so many directions, and they affected so many in the medical profession itself, that the problem of attacking the evil seemed too large and too difficult, and the only result to be expected was failure, with vilification and abuse as the lot of those who attempted it. However, after much deliberation, and with due regard for the attempts that already had been made, and especially with a full appreciation of the opposition to be expected and of the difficulties to be met, the movement against this evil was started by the formation of the Council on Pharmacy and Chemistry of the American Medical Association. The announcement of the creation of this Council was received with great satisfaction by many, but encountered sneers, derision and open opposition, not only

from the interests directly affected, but also from many medical journals. Nor did this journalistic opposition come entirely from publications whose paid subscription lists were insignificant and which absolutely owed their existence to their advertising patronage; it came, too, from some which were well supported by the medical profession. A defunct journal was resurrected by a certain group of nostrum-makers to oppose the movement. In it the members of the Council, and especially its chairman, were ridiculed, cartooned and maligned. Since then scores of so-called medical journals have apparently existed for the sole purpose of attacking the American Medical Association and its officers, and of obstructing its efforts—and very naturally so, since such journals derive most of their support from those who are exploiting the profession.

About this time Collier's Weekly published that remarkable series of articles by Samuel Hopkins Adams called "The Great American Fraud." The "patent medicine" people soothed themselves with the belief that the articles and the lessons they taught the public would soon be forgotten, as they undoubtedly would have been had they been allowed to remain as ephemeral newspaper matter. But the American Medical Association, obtaining permission to issue these articles in book form, published and distributed them by the thousands. The facts presented were thus preserved in the hands of individuals and libraries all over the country and became a permanent and ever-living evidence of the fraud and viciousness that is inseparable from the "patent medicine" business, and of the gross impositions practiced on the public. In addition to the exposures made by Mr. Adams, the chemical laboratory of the Association has been analyzing a host of "patent" and proprietary medicines, and The Journal has insistently and persistently tried to enlighten the public regarding this evil.

Naturally, therefore, the "patent medicine" people were aroused, individually and collectively—as the Proprietary Association of America—and endeavored to poison the minds of the public against the American Medical Association. Pamphlets of various kinds have been—and are still being—sent broadcast, such, for example, as "The Political Doctors," "Confiscatory Legislation," "The Machinations of the American Medical Association," "The Legislative Schemes of the American Medical Association"—and numerous others. The newspapers, especially, have been furnished with all kinds of misinformation regarding the American Medical Association and about what it is doing, but, happily, the majority of newspaper editors saw the animus back of it. A few, not knowing

the facts, have said harsh things, using the material furnished them by the interests affected to attack the Association and profession generally.

Thus, two directly related interests—the so-called ethical proprietary business and the “patent medicine” business—by fair means and foul have done their best to discredit and injure the Association. The former was—and still is—supported by a large number of journals, of small circulation, it is true, supposed to represent the medical profession; the latter, by the cheaper class of newspapers, influenced largely by the lure of advertising contracts.

Nor was the proprietary and “patent medicine” interests the only ones whose fraudulent profits have been cut down through the exposure of their methods by *The Journal*. After a campaign of public education lasting, several years, Congress passed the Food and Drugs Act, and its passage was due in no small degree to the influence of the American Medical Association, with the help of the members of its constituent state and component county societies. Since its enactment *The Journal* has exerted even greater influence for the pure food law’s honest and impartial enforcement; and this also has aroused the enmity and active opposition of manufacturers and dealers in sophisticated foods.

Thus—to say nothing of the unfriendly attitude of some of those connected with certain low-grade medical schools whose shortcomings have been shown up in *THE JOURNAL*, and without including the owners of the medical journals affected—there are three financially and politically powerful commercial interests combined for the common purpose of attempting to discredit and to weaken the Association and to obstruct its work. Failing to produce any result and finding that their onslaughts on the Association only drove the profession into closer alliance, they pursued another course.

In the fall of 1908 some letters addressed to the president of a pharmaceutical concern, whose methods had been given unpleasant notoriety in *The Journal*, revealed the fact that a concerted attack on the editor of *The Journal* was under discussion. Their tenor was: “Stop attacking the Association, as you will do no good. Center it on Simmons, for he is responsible.” Shortly after this, information was received that the individual to whom the letters were addressed, both by personal effort and through the efforts of detectives, was endeavoring to find something in the editor’s life that might be damaging to his reputation.

Material obtained by going back thirty-eight years or more was craftily arranged by a Chicago physician and was worked up so as to make the most damaging “case” possible. Articles

were published in such of the cheaper medical journals as **would** print them, "addresses" were delivered before such medical societies as would tolerate them, newspaper interviews appeared and, especially, thousands—yes, hundreds of thousands—of pamphlets and reprints were circulated with an extravagance that indicated that expense was no object—all these methods were used to make public the matter which had been so assiduously collected. It is probable that during the last two years more money was spent in detective work, in printing and in postage in an attempt to blast the reputation of the editor of *The Journal* than ever before was expended for a similar purpose. Being personal in character, this matter naturally could not be discussed in *The Journal*.

That these attacks were received with joy and utilized to the fullest extent by the proprietary and "patent medicine" interests goes without saying; in fact, the very "consumption cure" concern which we expose in this issue went so far as to reproduce in a newspaper advertisement the photograph of the physician circulating this matter and to extol him in these words: "For him to expose the methods of the A. M. A. is a medical profession at large does not recommend Nature's Godsend to every consumptive, as it clearly shows why the Creation." And more recently the American Druggists syndicate, because *The Journal* has made clear the fraud, misrepresentation and deceit connected with its "patent medicine" business, has been using the material with absolute disregard of expense, circulating it among physicians and druggists throughout the country?*

These attacks, of course, have been regarded as a part of the general scheme of retaliation of those whose financial interests were being injured through the work of the Association; in a word, as coming from enemies who have good cause for fighting back.

II. Those Rescinded Resolutions

From what has been said above, opposition and retaliation are to be looked for from those interests whose commercial existence is threatened by the work of the American Medical Association. Such enemies and such opposition were to be expected and could, therefore, be reckoned with. An attack from within the ranks of the profession itself, however, is another matter. When, furthermore, it comes from one of the most progressive component county societies, and one in whose territory is located the headquarters of the Association, the matter deserves comment.

The Council of the Chicago Medical Society, at its Janu-

any meeting, adopted certain resolutions which purported to be based on the preamble that:

"Certain conditions exist which menace the best interests of the American Medical Association and of the medical profession at large."

These resolutions were published in the society's Bulletin and copies of them were sent officially to the various state society journals. Unofficially, typewritten copies were sent—some at least in envelopes bearing the address of the individual who is reported to have made the original draft of the resolutions—to medical journals all over the country. Incidentally the matter appeared with appropriate headings in the Chicago newspapers of the morning following. The resolutions were rescinded at the next meeting of the Council, but the publicity given their adoption was strikingly absent in their rescindment. Because these resolutions have furnished the enemies of the Association with ammunition that is being any value it must be of a constructive and not a destructive nature, and, further, that it must come from those who are at least fairly familiar with the conditions which it is desired to better. To suggest changes in the constitution and by-laws of an organization for not other actual purpose—whatever the nominal purpose may be—than that of satisfying personal pique or for political expediency, is not criticism—it is denunciation. That opposition should have developed is not to be wondered at rather is it to be welcomed; it is only moving bodies that meet resistance. That self-seeking or revengeful individuals should ally themselves with the open enemies of the profession is not surprising, but once their object is made clear they cease to be a menace.

One thing the passage of these resolutions shows: The rank and file of the Association are not as familiar with the details of their great organization as they should be. If men of more than ordinary intelligence and ability, such as those composing the business body of the Chicago Medical Society, could be misled on points so fundamental and elemental in nature, then it is safe to assume that a great majority of the members of the Association need to be better informed about the Association itself. This being so, we purpose to review briefly, in future issues, the history of the American Medical Association and its development during the past ten years and show what has been, and is being, accomplished in the interest of both the medical profession and the public.

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Notices of Meetings

Delaware State Medical Society, October 11, 1910, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.



Sussex County Medical Society meets at Georgetown monthly. Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1013 Washington street, Wilmington.

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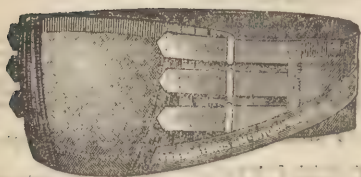
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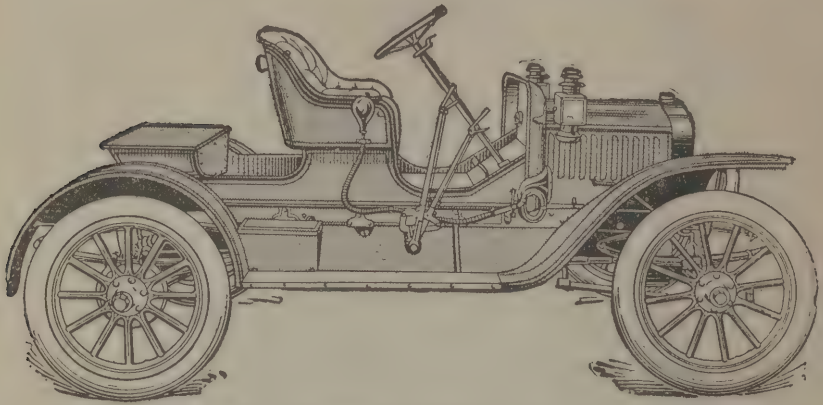
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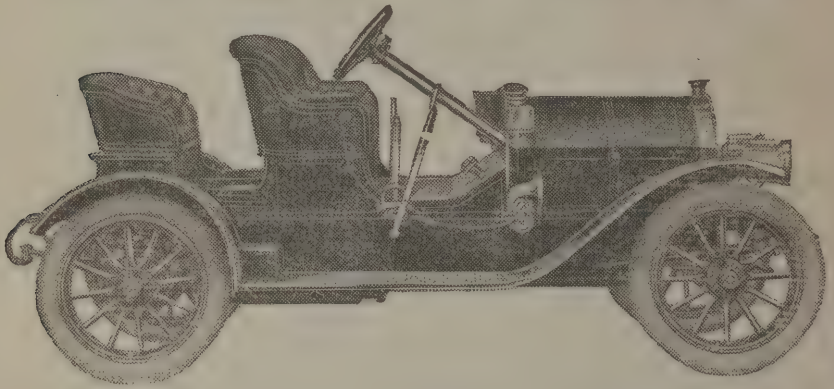
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Of the Delaware State Medical Society

VOL. 1.	MAY, 1910.	No. 6.
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Contributions

¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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Original Papers

***The Relation of Malaria to the Acute Inflammatory Catarrhal Affections of the Throat and Posterior Nares.**

By Cecil Dr. J. Harbordt, M. D.

Dover, Del.

✓ We physicians of the two lower counties of this State frequently meet with malarial complications in almost every disease of the human body.

If the blood of every inhabitant in Kent and Sussex County were examined, I believe, that the "plasmodium malaria" would be found in fully eighty per cent. of all of the inhabitants. Therefore, it is a natural inference that in diseased conditions in our inhabitants, the malarial germ, or some of its kindred bacteria must necessarily play an important part.

I have found that catarrh of the throat and nose is a very common affection in this part of the country. Naturally, if most of our people have a dormant chronic malaria, were they attacked with any acute catarrhal disease, the dormant malarial germs become instantly an active factor in the disease.

Often where we have cases of acute catarrh of the throat and nose or any of the adjacent mucous surfaces which do not re-act to the prescribed treatment, both local and constitutional, we may suspect secondary malarial auto-intoxication.

So many cases of catarrh of the throat, posterior-nares, pharynx and larynx come on at certain periods, either every day at a certain hour, every other day, or weekly and despite all the local means and treatments that the physician uses, seem to persist with very little, if any improvement. Phar-

(*Read at the Meeting of the Delaware State Medical Society, Oct. 1909.)

yngitis without any apparent cause is rather a common affection in this part of the country.

Many cases of catarrh of the nose and throat persist for weeks and even months despite all that the physician can do for the patient.

I have had so many cases of this kind, that have been treated by other physicians and myself according to the recognized laws of treating these cases, that I have been led to believe that the trouble is not purely local; and after making numerous blood examinations and finding in almost every case plasmodii malariae, I have become convinced that the malaria germ plays a much more important part in catarrh of the nose and throat than we have hitherto imagined.

It has been my rule since locating in central Delaware to suspect malarial complications wherever there are any signs of temperature. Going back, for a moment two or three of the general symptoms of chronic malaria, which one often finds in throat affections, let me first mention the liver involvement. In all malarial cases, acute or chronic, a catarrhal jaundice invariably occurs this to a certain extent shows itself in malarial throat affections, by the heavy thickly coated tongue, bilious conjunctiva and more or less sallowness of the skin.

In nearly all malarial affections herpes in some form or another presents itself. The favorite seat in malarial throat conditions is about the nose.

In a great many chronic malarial conditions there is an enlargement of the lymphatic glands. Where you get enlargement of the cervical glands, in catarrhal throat affections, it points very strongly to a malarial infection.

A slight albumenuria invariably occurs in malarial infections, therefore, if the albumen be present in catarrhal throat trouble, malaria may be suspected as complicating the disease.

In chronic malaria of long standing, hemorrhage from

the nose and throat is quite common. In throat trouble where hemorrhage is present without any apparent cause, we may at once suspect malarial complications.

The nervous symptoms in chronic malaria are very prominent, and neurotic conditions found in conjunction with catarrhal throat trouble may indicate a chronic malaria.

It should be born in mind that every case of throat trouble does not necessarily have to be of malarial origin, even though complicated by some of the above symptoms. However, where one has a case of any type of catarrhal throat or nose inflammation that does not re-act promptly to the prescribed treatment for such conditions, you may look for a secondary malarial infection and you will find that the regular anti-malarial treatment will bring about the desired results.

It is my practice to give quinine and a slight cholagogue in all throat trouble, where I do not get results after the first treatment.

Several of our optimistic physicians claim that the malarial germ is more or less a boogy-boo, but we must bear in mind that our little State is surrounded on all sides by marshes, and that as yet, none if any attempt has been made to drain them. Therefore, we are bound to have more or less malaria in Delaware whether there is any elsewhere or not, and I think that it would be a very good practice to treat all catarrhal throat affections as though malaria was the chief cause of them.

Discussion of Dr. Harbordt's Paper.

DR. E. S. DWIGHT, Smyrna:

It seems to me, Mr. President, that Dr. Harbordt's paper is a very interesting one, and we certainly have a very great many cases of throat and nasal conditions in this county, and it has always seemed to me that they came from the changes of temperature and the dampness in the air between the two bays. I have never thought of malaria as a causative condition before, but I believe there is a great deal in Dr. Harbordt's paper. We all know that we have a latent malaria in our systems down here, and that whenever anyone is laid up in bed, malarial symptoms usually develop. One of the effects of malaria is to produce congestion and, of course, the throat being effected and being consequently a weak point, this periodical congestion comes on and prevents the inflammatory processes from subsiding, lighting up again every day or every other day. This is certainly a very good paper from a practical standpoint, as by eliminating these constant recurrences of symptoms, you give the patient a chance to get over the disease.

DR. ALBERT ROBIN, Wilmington:

I am very sorry to disagree with Dr. Harbordt. I do it rather reluctantly, because it is so very pleasant to have a well formed theory as to the causation of disease. Some years ago, when I was in charge of the State Laboratory, I conducted an investigation along two lines; one was to discover whether the blood of suspected patients in Delaware contained malarial parasites, the statement having previously been made in Dr. Osler's textbook that this State is full of malaria. Surprising, as it may seem, I found the plasmodium of malaria present in only about two per cent. of the cases. All the specimens sent in from cases of supposed malaria turned out to be negative. Furthermore, in many of the cases they gave a positive Widal reaction. I

then proceeded to make a canvas of the State, and went from town to town interviewing the physicians and asking them to state whether they had observed any genuine old fashioned malaria. It would be unreasonable to suppose that chronic malaria could exist without any kind of acute malaria occurring quite frequently. But the testimony of the physicians who had been in practice for thirty years or more seemed to be that the old fashioned malaria had disappeared. I remember that I had quite a talk with Dr. Wilson about it, and he as well as the other physicians told me that the old fashioned malaria had almost entirely disappeared. This, in connection with the blood examinations, made me feel that what the people of the lower counties were suffering from was not malaria, but a form of autointoxication from drinking the surface water. In many sections of the State, the wells are very shallow, not over sixteen feet deep, and the people drink the water from these shallow wells, which is probably polluted, and in that way we can readily explain all of these latent malarial symptoms, as coming from autointoxication. All of the symptoms which we observe may come from what we know as autointoxication, the most prominent being the liver symptoms, slight jaundice, and slight elevation of temperature. Soon after this investigation, which was published at the time, there was a meeting of the College of Physicians of Maryland at Elkton, and Dr. Osler was present and opened the discussion upon typhoid fever. The members of the Association asked me to give them a resume of this investigation, which I did. Dr. Osler acknowledged at the time that he might have been wrong. He saw the force of the argument that there could not be chronic malaria without acute malaria being more or less in evidence. Soon after, Dr. Stokes of the State Board of Health of Maryland undertook the same investigation in Maryland, and he only found the plasmodium of malaria present in about two per cent. of the cases. I am rather surprised at the statement made by Dr Harbordt that in a

a great many of the cases the plasmodium of malaria was present. I would rather think that there might have been some mistake in the diagnosis. While I was connected with the State Laboratory, Dr. Wertenbaker of New Castle had a woman under his care who had a temperature of 103 or 104, and he sent some blood to the laboratory to be examined for the malaria plasmodium. The results were negative. He thought that I was mistaken and, disregarding the report, put the patient on quinine. The patient got better, and he was then absolutely certain that it was a case of malaria. Furthermore, he found that there was a very much enlarged spleen. About a month later, the patient again developed symptoms of acute malaria, accompanied by chills, fever and sweating, and he again sent a specimen of the blood to the laboratory, from which he received a negative report. He again disregarded the laboratory findings and placed the patient on quinine with absolutely no results whatever. After a week or two of treatment the patient did not get any better. Further study proved the case to be one of pyelitis. What was supposed to be an enlarged spleen was really an enlarged kidney. In a great many cases we found that the diagnosis of malaria was based upon septic symptoms and erroneously so. I would not consider any case as one of malaria unless I found the plasmodium in the blood. I would say that in my own practice I have not seen a single case of acute malaria, although I have seen a number of cases, which, without examination of the blood would be called malaria because of the chills and fever.

DR. P. W. TOMLINSON, Wilmington:

I remember very well in my early practice on this peninsula, that in the spring and fall, and particularly in the fall, four-fifths of the practice was in the treatment of malaria, for chills and fever. It was no unusual thing to go to the home of a farmer and find three or four of his family down with intermittent fever. That has entirely changed. I do

not recall a case of true malarial fever for a long time. Even in Wilmington twenty years ago, the most of our practice consisted in the treatment of the malarial type of diseases. I was wondering whether it was the observation of the throat specialists that they have any larger percentage of throat cases in what we term the "malarial seasons," the fall and spring, than they do in midwinter. Even when malaria was prevalent to such a wonderful extent, we met with very little in midwinter, or after the frost had come. I wonder whether in his observations the specialist does not find about as many throat cases in midwinter, as he does in the spring and fall. I have reached the conclusion that cases of true malaria are now seldom observed on this peninsula and that this is to be attributed largely to better drainage.

DR. J. H. WILSON, Dover:

When we have protracted cold weather, we have no recurrence of the intermittent fevers. If we have freezing and thawing weather we have these symptoms. You will have the intermittent fever, sometimes occurring right in midwinter, if you have the freezing and thawing, but if there is protracted cold you do not have intermittent fever occurring. Emanations from the ground during thawing weather seems to induce these fevers.

DR. L. S. CONWELL, Camden:

I would like to know whether the members of the Kent County Medical Society have left the mosquito out of the question. It seems to me there has been a long discussion on the subject of malaria not to have him introduced. I do not know whether the absence of malaria is any more due to more and better drainage than it is to the better screening of our windows and doors. But it is a fact that it is less prevalent and it is also a fact that our houses are better screened. I fully expected to hear the mosquito

mentioned when Dr. Robin spoke. I do not myself think that we see much malaria down here now. I can remember very well when the children as well as the grown people always had an annual attack of chills and fever. About the only chills we have now are those ushering in some acute disease and it is a very rare thing for chills to keep up every day or every other day. I have not seen a case of this kind of malaria for some years. I think, as suggested by some one, in these cases of chills and fever that we see now, there is almost always septic infection from some source, or inflammatory processes giving rise to them. Whether this is gotten into the system by the mosquito, I do not know, but I think it is probably the opinion of the best people that this is the cause of malaria.

DR. H. R. BURTON:

Are you leaving the mosquito out of the question altogether? Dr. Kane of the army related the circumstance of a case in Cuba during, I think, the last winter that our army was there. A contractor came from Boston with his crew of men. Two days after he arrived in Cuba one of the workmen was taken ill, and they went up to the headquarters for a physician. The doctor went down and looked at him and came back and reported that it was a case of tropical malaria. They laughed at him and said "It cannot be for the man has only been here two days, and it takes a certain number of days after the mosquito has bitten the man, for the malaria to develop." They sent up another physician, and then they had his blood examined and they found the plasmodium of tropical malaria present. There was no denying the fact that he had tropical malaria. Then the mosquito theory was in a little danger because of the length of time that the patient had been in Cuba. I think those men deserved a great deal of credit for the perseverance with which they follow up a matter of that kind. They set about to make an investigation of the matter. They learned

that within two or three weeks, or about that time, before this man left the city of Boston or that vicinity with his crew, a contractor who had been engaged somewhere down in the tropics moved up to Boston with his gang, and that tropical malaria broke out in his camp. Arriving in Boston, they were intermingling with this other gang of men which later moved down into Cuba. The mosquito had bitten this patient in Boston, but the fever did not develop until he reached Cuba, so that was a clear case. You see they do not believe in anything but the mosquito theory. The question is, where does the first case of genuine malaria come from? It was proven years ago, by Wood and others in their works, that it was by inhaling the fumes from drying swamps. When I was at the University I heard Dr. Stille say that yellow fever is not contagious. He was laughed at and was asked the question "Well, how does it spread?" He related this in one of his lectures on yellow fever. He said "I cannot tell you how it is transmitted, but some day you will find out." Now we know that he was right. A patient of mine spent the summer, ten or twelve years ago, at Lake George, and on coming home she was taken ill, and had a clear case of tropical malaria, just like many cases that I have found on vessels from Havana and the Gulf ports. There was some difference of opinion as to whether it was a case of malaria or typhoid fever. Dr. Hearn and Dr. Buchanan both saw the case and did not think it was a case of malaria fever. Dr. Tomlinson came down from Wilmington, and stayed there a day or two and agreed with me that it was malaria and that large doses of quinine would relieve it. After she was well enough to go to Philadelphia, I had her blood examined and the germ was found beyond any doubt. I have treated a number of very severe cases down in my country that were true malaria. I think the malarial cachexia is probably prevalent in this peninsula, and that produces the remittent and intermittent fevers. Just what produces this condition of malarial cachexia, I do

not know, but that there is something of that kind present in this peninsula to my mind, there is no question of doubt. I believe in the mosquito theory. We have in our town the breeding place of the mosquito that carries the malarial germs, and round that particular section of the town, we have more or less chills and fever. The mosquitoes that breed in the marshes are the singers and the biters, but otherwise they are harmless. We have the mosquitoes that carry the malarial germs in the swamps, and the breaking up of the mosquito plague has done more good than anything else. I believe that that ought to be pushed to the farthest extent. I am trying to impress upon the people of Sussex County the importance of thorough drainage, not merely surface drainage, but thorough drainage, and I think in doing that every water power mill ought to be abolished. That is the curse, the water power backing water up and keeping the land under water, which is otherwise high. Take for instance Georgetown, which is fifty-five feet above tidewater and yet you cannot have a cellar in it three feet deep. That would not be the case if we did not have the water Mill at Milton, eight miles away and at Morris Mill four miles away. If the people would simply bond the county, buy out those water mills, and blow up the dams and clean out the drains, this would be the most healthful section of the State of Delaware, and as healthy as any other state. I think that would clear out all the malaria germs. Probably the medical profession of the State of Delaware will take some notice of this, and take some action along that line of work. I think it would be an advantage, not only to the health of the State but also to the general interests of the State.

I am not doing a great deal of practice now. Unfortunately I stayed away from home until nearly all of my patients got well, and I am having great difficulty to get them sick again. When I went to Congress I noticed one thing. I went into the Topographical Survey office and found a map of the peninsula. And in looking over the map

of Sussex County I found that it had this great advantage, that it is far enough about tidewater to drain their lands. I have found that some of the best land in Delaware today is only breeding mosquitoes and growing gum timber, when it would be very valuable as agricultural lands, if properly drained.

DR. H. G. M. KOLLOCK, Newark:

I want to relate here a conversation I had a few days ago with Dr. Brown. Dr. Brown was at the Laboratory of the State Board of Health and conducted a great many examinations of the blood for the plasmodium of malaria. He left here and, I think, went first to Europe, and from there to the Canal Zone, where they have given a great deal of study to the subject of malaria. He told me on Sunday that he is almost convinced now that malaria exists throughout this peninsula. He has found the organism, which is not exactly the plasmodium of malaria, which he thinks causes this condition.

DR. ALBERT ROBIN, Wilmington:

I doubt very much if the fever which Dr. Brown has observed is malaria fever. There is a fever in the Canal Zone, which they call the dum dum fever, which resembles malaria.

DR. J. A. ELLEGOOD, Wilmington:

Malaria has not heretofore been regarded as the primary cause of any definite or particular form of disease of the nose or pharynx. It is generally regarded as a blood disease, and while nasal, aural, pharyngeal, and laryngeal symptoms may arise in association with it, these symptoms are generally regarded as secondary to or coincident with it. Of course the anaemia so often caused by malaria may so lower the vaso-motor tone as to give rise to congestion of the respiratory mucous membrane. We may have malarial pneumonia, or malarial endocarditis, but these diseases are

undoubtedly due, in the one instance, to the pneumoroceus, and in the other, to some other germ or germs. Laryngitis or pharyngitis may occur in association with malaria and the symptoms become more marked during the exacerbation, but they are probably due to some other infection, malaria acting only as a predisposing cause by increasing the susceptibility.

DR. J. H. WILSON, Dover:

Some years ago, I was writing a paper on the "Kindred Malarial Poisons" and, knowing that the Johns Hopkins people were making investigations upon six hundred cases of Intermittent Fever, I wrote to them to know if there "was a common germ for all malarial poisons" that is "including all the so-called kindred poisons." They replied "that each of these diseases such as periodical neuralgia, rheumatism, diarrhoea, dysentery, hematuria and such other maladies that would recur at different periods, had each a specific germ, and there was no common parent for this class of troubles."

When I was a child, I remember that we expected to have chills and fever with the regularity of the recurring autumn. After the canals in most of the streams coming off from the Delaware River and the water courses were shortened, we had less stagnant water, and since that time, it seems to me that we have had less plasmodium malaria. It is just probable in the absence of plasmodium malaria, that the symptoms that we attribute to malarial poisoning, such as periodical fever, weariness, pinched features, constipation and sleepiness and general malaise, may be due to kindred malarial poisons, that emanate from dampness of soil and vegetable decomposition, and may induce our present periodical fevers.

DR. W. C. PIERCE, Wilmington:

I was wondering whether you could connect the cases

of bleeding at the nose with malaria, and whether you observed this symptom in any of your cases.

DR. C. J. HARBORDT, Dover:

I have had quite a few cases in which hemorrhage from the nose was the most pronounced symptom. The hemorrhages seemed to be of periodical occurrence. They would occur probably two or three days in succession, and if I put the patient on quinine it appeared to check them. I will not say that the quinine alone checked them, for I used local means also; but I did connect the hemorrhages with the malarial symptoms.

DR. P. W. TOMLINSON, Wilmington:

We would be very glad to hear from our visiting friends on this question. I want to say, that in my remarks I made no reference to the mosquito, because I considered that that point was conceded long ago, but am contending that by better drainage, malaria has been largely eliminated, drainage having broken up the breeding places of the mosquito.

DR. W. S. NEWCOMET, Philadelphia:

I think you are more able to talk upon this subject than we are. Personally I have been learning very much from hearing your discussion.

DR. CHARLES A. E. CODMAN, Philadelphia:

I am very much interested in this phase of the discussion. I can heartily appreciate all that has been said in regard to thorough drainage. If it is impracticable, it is nearly always possible to stock the mill ponds with fish. They will do away with the mosquitoes.

DR. C. J. HARBORDT, Dover:

I have merely stated cases that came under my personal observation, and which I have come across in nose and throat work down here. I find many which, while they may not be true malarial, are very much benefitted by quinine.

The Journal of the Delaware State Medical Society.

EDITOR,
Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

A National Department of Public Health

After many years of effort by the medical profession through the American Medical Association, there has been a bill presented in the U. S. Senate by Senator Owens of Oklahoma, making provision for the establishment of a National Department of Public Health with a representative in the President's Cabinet. There seems to be a reasonable hope that the bill will pass both Houses and the President has already voiced his approval of such a bill.

The profession is greatly indebted to Senator Owen for his activity and his speech in favor of the bill has aroused much interest in Washington. The support the measure is receiving from the press, and lay organizations, as well as medical, is really remarkable. There is no reason that it should be otherwise since as much protection should be given the lives and health of human beings, as is so generally and properly given to animals.

The New Castle County Medical Society has already adopted resolutions and sent them to Delaware's representative's in Congress, as well as to Senator Owen indorsing his action and the other medical organizations in the State

should meet without delay and lend their support by calling the attention of Senators duPont and Richardson and Congressman Heald to the fact that their support is required.

Physicians should write personal letters as well, urging the passage of this bill and asking their representatives to vote for it. There is no doubt but that the Congressmen from Delaware will give their support to the bill if they are assured that the medical profession of Delaware is unanimously urging them to do so. This campaign is the most important one ever waged in the interest of the people in the history of the U. S. and every State and County should exert its full influence and with every physician doing his share and exerting himself in this movement, it is hoped to secure favorable action at the present session of Congress.



Free Medical Advice to Physicians

It came to our knowledge recently that at least one prominent consultant in Philadelphia intends to charge for his services to physicians, when called in consultation. The reason advanced is that by spending his time with the sick doctor he is sacrificing his private practice, and, moreover, unless he took some such step, he would be constantly in demand by his professional brethren. There is justice in both claims. It is undoubtedly true that when a doctor is sick he is even more anxious to have things done for him than a layman. He will consult a specialist very much sooner than his lay patient, and as long as the services of the specialist are free, he will consult him on almost trivial occasions. A money value placed on the specialist's services will no doubt check this tendency and, without harming the patient, will relieve the specialist of a great deal of gratuitous work.

On the other hand it is to be remembered that the specialist's reputation and the large income that follows are made for him by the general practitioner, made often to his

own detriment, both professional and financial. The physician in charge shoulders the responsibility, gives his time and energy and all for a fee which is a mere pittance compared with the lump pocketed by the consultant. It is, therefore, little enough to ask that the specialist make some adequate return by way of gratuitous services.

We feel that anything that is done to commercialize the relations between physicians will be detrimental to the professional spirit, and hope that this practice will not become general.

A. R.



Quarantine Hospital for Wilmington

The letter by Dr. Robin that appeared in one of the Sunday newspapers recently condemning the system of quarantine for contagious diseases at Wilmington as a farce, and declaring it both inadequate and cruel in many instances is apparently only too true. Dr. Robin can undoubtedly prove his assertion as every physician well knows, and that it is worse than useless to attempt any intelligent isolation of contagious disease.

It is high time that the entire department of health be reorganized with a competent man, probably a physician trained in matters of the sort, at its head. The former Board of Health, while it has accomplished by spasmodic efforts some good for which it deserves great credit, can never fill the position it should because of lack of funds and lack of authority. It should be entirely reorganized in such a manner as to remove it from the influence of politics. It should have direct control of all matters pertaining to the health of the city, including the city bacteriologist, and should have a quarantine hospital in which to take care of those cases in contagious diseases which cannot be properly quarantined in their homes. Wilmington is indeed lucky as Dr. Robin points out to have escaped a severe epidemic of contagious disease, and this escape can only be accounted to good fortune.

The profession of Wilmington should begin a campaign for a better department of health to include not only a satisfactory and adequate system of quarantine but should endeavor to secure some form of health protection by a trained and efficient health officer, who has sufficient authority and funds given him to enforce the necessary rules and regulations. Wilmington is about twenty years behind the times in this matter and it is a disgrace to the good name of the city and particularly the medical profession. The old cry of no funds to use for this purpose can easily be disposed of. If the money used by the other city departments in buying automobiles for the use of their members would be applied to the Board of Health much good could be accomplished.

This Journal gives its hearty endorsement to this timely letter and believes the physicians of Wilmington will give theirs also. It is to be hoped that it will be the beginning of a change in Wilmington, bringing about a modern system of health government in the city as a result of which a quarantine hospital will be only one of many needed improvements pertaining to the matter of safeguarding the health of the people of Wilmington.



The Early Doctors of Wilmington

The admirable paper read by Dr. William C. Pierce of Wilmington at the April meeting of the New Castle County Medical Society on the "Early Physicians of Wilmington" was one of the most valuable and interesting papers ever presented to the society. The long list of prominent men who have left a record of honor behind them are only too little remembered, and Dr. Pierce's paper was indeed timely. We cannot refrain, however, from calling attention to the fact that this list did not include among the names mentioned that of Dr. Askew, who was one of Delaware's most distinguished sons. He was prominent throughout the county and was President of the American Medical Association early in its existence. No list is complete without his name since with the exception of Benj. Tilton he was the most prominent member of the medical profession, ever in Delaware.

County Society Notes

Meeting of New Castle County Society

The monthly meeting of the New Castle County Society was held on April 17th. Dr. William C. Pierce read a paper on "The Early Physicians of Wilmington."

A letter from Dr. J. N. McCormack was read urging the Society to take action regarding the bill now before Congress advocating the appointment of a department of Public Health with a representative in the President's Cabinet. As a result of this, the following resolution was adopted.

Whereas, The Hon. Robert L. Owen, United States Senator from Oklahoma has introduced into the U. S. Senate bill No. 6049 providing for the establishment of a National Department of Public Health with representation in the President's Cabinet, and

Whereas, such action has been accomplished only after years of untiring effort on the part of the medical profession of the United States, as represented by the Committee on Medical Legislation of the American Medical Association; therefore, be it

Resolved, The New Castle County Medical Society most heartily endorses this movement tending toward the establishment of a National Department of Public Health, confident in the belief that its systematic working would be of inestimable value to the health of the Nation and that we urge upon Delaware's representatives in both houses of Congress the necessity and importance of giving their unqualified support to this movement.

Be it further

Resolved, That the Secretary of this Society be instructed to forward copies of this resolution at once to Senators duPont and Richardson, Congressman Heald and Senator Owen.

Therapeutic Progress

Albert Robin, Editor



ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observations, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

In cases of emergency never use compressed tablets or pills; they may be insoluble or otherwise inert. One often sees failure to establish lost compensation by means of digitalis tablets or pills followed by immediate results when the fresh drug is used.



In using digitalis, either tincture or infusion, make sure that it is made from an assayed drug.



A well-known Philadelphia surgeon is obtaining remarkable results in the treatment of bone tuberculosis from bacillus-emulsion No. 6.



Between myxedema and exophthalmic goitre there are numerous cases of hypo-or hyperthyroidism requiring either thyroid extract or arsenic as the case may be.

For the treatment of pinworms, Zinn employs the following method:

At 3 p. m., 7.5 grs. each of calomel and jalap.

At 6 p. m., a warm soap-suds enema.

The next day 0.75 grs. santonin and 1.5 grs. calomel at 8.10 and 11.50 a. m., with 2 tablespoonfuls of castor oil at 2 p. m., and again at 4 p. m. The third day a full warm bath in the morning and soap suds enema in the afternoon. This is repeated the fourth and fifth days with a full bath at night. This completes the course, after which the underclothing and bed linen are changed.

The dosage for children is in proportion.



Koch's Rules for the Tuberculin Treatment

1. Afebrile cases only, and those in which the process is in its earlier stages.
2. Very small doses increased so minutely, as to give rise to insignificant reactions only, or to none at all.
3. Should a reaction set in, the tuberculin must not be repeated until the temperature has been normal one or more days.
4. The treatment should be continued until in the course of 3 or 4 months the tendency to react has completely disappeared.



Ointment for Lumbago

R

Ac. salicylici, 1 dram.

Camphoræ, 2 drams.

Chloral, 2 drams.

Oleoresin Capsici, 30 grs.

Ol. Sinapis, 15 drops.

Petrolati, ad 2 ounces.

S.: Apply with strong friction three times a day.

Medical Education

Henry W. Briggs, Editor.

The Public Health Bill

An event of great importance to the medical profession of this country occurred when, on March 24th, 1910, the Hon. Robert L. Owen, United States Senator from Oklahoma, brought up for consideration senate bill No. 6049, which provides for a secretary of public health in the President's cabinet, and brings together under the department of public health, all the health and sanitary agencies of the United States.

This action is the result of a long and hard-fought battle upon the part of the profession for the recognition of a cause vital to the welfare of the nation, and one which directly effects every citizen, whatever may be his station in life. The necessity for the establishment of such a department has been recognized for years, more especially since scientific investigation has proven beyond a doubt the possibility of completely eradicating many diseases of the most devastating nature, but other interests of apparently more commercial importance have each time crept in and forced delay upon this vastly more important subject, even considering it from a commercial standpoint.

The time has come, however, when this subject has the field alone for consideration as against the establishment of any other new department, and other than the opposition to the establishment of any new departments and the minor details of the bill itself, there seems to be no organized opposition and it seems to be at present only a question of modifying the bill in such a manner as to remove any objectional features, and then creating enthusiasm and influence sufficient to secure its final enactment. It is now up to the medical profession of this country to unite and without regard to party lines show its strength as a political factor by bringing such pressure to bear upon the senators and rep-

representatives in Congress as will insure the final passage of the bill.

Time will not allow nor would space permit a review of the arguments favorable to the support of this bill, but I would recommend that every physician carefully review the presentation by Senator Owen in the United States senate and more especially the letter of Dr. Charles A. L. Reed, chairman of the committee on legislation of the A. M. A., giving a resume of the arguments favorable to this legislation. Let every physician in Delaware use his or her influence with our senators and congressman to secure their support of this measure.

The New Castle County Medical Society has already passed resolutions favoring the passage of this bill and asking the Delaware delegation in Congress to give its support to that end. Let every medical organization in the State do the same and when the final vote is taken let us see to it that that of the Diamond State, though small, shall be recorded favorable.

A Sign of the Times

St. Louis, Mo., April 28.

Announcement was made to-night of gifts aggregating \$3,000,000 to Washington University, in this city, and of a plan to enlarge the medical department of the university by the expenditure for buildings and equipment of between \$5,000,000 and \$6,000,000.

The \$3,000,000 donation was made by W. K. Bixby, Adolphus Busch, Edward Mallinckrodt and Robert S. Brookings, all of St. Louis. The individual amounts were not given out.

Property valued at \$3,000,000 is to be used, in addition to the \$3,000,000 cash, in enlarging the medical school.

That medical education is rapidly receiving the recognition due it and will in the future stand on an equal footing with any of the other branches of scientific investigation and knowledge, is clearly shown by the accompanying dispatch recently printed in the daily press.

Let us hope that the generous action of these philanthropists will be duplicated in the near future in other sections of the country.

News Items and Personals

Personals

Dr. J. W. Bastian, of Wilmington, has announced himself as a candidate for election as representative from his district.

Dr. W. P. Orr, of Lewes, has been reappointed a member of the Board of Trustees of the State Hospital for the Insane.

Dr. A. L. Kelly has removed his office from 830 West Street to Fourth and Jackson Streets, Wilmington.

Dr. W. H. Kraemer has gone to New York for a vacation of several weeks.

Dr. William C. Pierce has been added to the dispensary staff of the State Tuberculosis Commission, serving at the Wilmington Dispensary.

Dr. L. M. Beatson has moved to Oklahoma where he will resume practice.

Tuberculosis Meetings: . . . The United Catholic Societies of Wilmington held meetings in two theatres of Wilmington, addressed by Dr. L. F. Flick and Joseph Walsh, of Philadelphia. Admission was charged, the money to be applied to the construction of a new building at the Sanatorium of the Delaware Anti-Tuberculosis Society.

New Board of Health Appointments

The new Board of Health of Wilmington was appointed by the Mayor and will assume office May 1st. It is composed of Dr. H. A. Cleaver, C. A. Beck, H. A. Hall, plumber and L. Hillersohn, business man. There were many applicants for Secretary who is elected by the new Board and William Malcolm was elected. Dr. Beck was chosen as President.

The Board of Health of New Castle is composed of Drs. O. H. Roth and William Wertenbaker.

Dr. W. H. Hammond has been appointed President of the Georgetown Board of Health and Dr. William Marshall

of the Milford Board. Dr. R. B. Hopkins was appointed President of the Board at Milton and Dr. P. S. Downs of the Dover Board.

Delaware Hospital Commencement

The annual commencement exercises of the Delaware Hospital will be held May 9th. There will be six graduates and the address will be delivered by Dr. Jos. P. Wales.

Hope Farm

The Hope Farm Sanatorium of the Delaware Anti-Tuberculosis Society has completed its infirmary for advanced cases and now has accommodation for about thirty patients. It is taxed to its capacity and more room for patients is to be made by the purchase of tents to be used in the summer. By October the new building presented by the Catholic Societies will be completed.

Defective Children

It is rumored that the State Board of Education will at the next session of Legislature introduce a bill to authorize medical and dental examinations of public school pupils.

Malpractice Suit

The case of the State vs. Dr. A. T. Gum of Sussex County was postponed to be tried at the next term of court. Dr. Gum is accused of having performed an illegal operation.

Tuberculosis Car

The White Exhibition car of the Delaware State Tuberculosis Commission was started on its journey and has been enthusiastically received. Over 1000 persons visited it at New Castle and several hundred at Bear Station.

National Department of Public Health

Senator Owen of Oklahoma has introduced a bill in the Senate providing for the establishment of a Department of Public Health instead of a bureau with representatives in the President's Cabinet. It gives promise of passing both houses and is approved by the President.

Health Notes

Typhoid Vaccination

The reports of the results of typhoid vaccination in the British Army show a greatly lessening number of typhoid infections among those vaccinated. Inadequate returns from our own army in the tropics also point toward the undoubted efficiency of the procedure. Doubt as to the utility of the vaccination at its inception two years ago was the result of the accidental contamination of the virus by other pathogenic bacteria. Grave objections were advanced which for a time threatened to destroy all chance of giving the scheme a thorough trial. Work in this line was carried out by medical men in other countries and their results have again awakened interest in methods of rendering an artificial immunity against this scourge of civilized people. The results of typhoid vaccination analyzed show that it is very uncommon for a person who has been thoroughly vaccinated to contract the disease and in the event, however, of being infected, the symptoms run a short and mild course.

Electric Sterilizing of Water

The use of electricity to purify water, for general use in the mains of several of the large cities of Europe, promises to make a great saving for those cities compared to the amount spent on the cumbersome sand filtering methods formerly used.

Open Air School

In the way of experiment the open air schools in New York City for tuberculosis and weak children, are being watched with much interest by those cities which possess large numbers of these youngsters who are fostered by the crowded and unhealthy tenement districts.

Purification of Sewage

With the increasing population in Delaware and the wider use of the rivers and creeks of the State as highways of traffic and commerce, there should in time arise an insistent demand for the purification of the sewage which is now poured with all its contagium directly into these streams, converting them into veritable sewers themselves.

Book Notices

The Propaganda for Reform in Proprietary Medicines; Sixth Edition: Containing the various exposes of nostrums and quackery which have appeared in The Journal of the American Medical Association. Price, Paper, 10 cents; Cloth, 35 cents. Pp. 292. Illustrated.

The Propaganda for Reform in Proprietary Medicines; Sixth Edition: Containing the various exposes of nostrums and quackery which have appeared in The Journal of the American Medical Association. Price, paper, 10 cents; Cloth, 35 cents. Pp. 292. Illustrated.

This book presents in convenient form most of the exposures that have appeared in The Journal of the American Medical Association showing fraud either in the composition of various proprietary preparations or in the claims made for such preparations. Not all of the products dealt with, however, are such as are—or have been—used by the medical profession. Many preparations of the “patent medicine” type have been subjected to analysis and the results of such examinations appear in this volume. The book will prove of great value to the physician in two ways: 1. It will enlighten him as to the value, or lack of value, of many of the so-called ethical proprietaries on the market; and 2. It will put him in a position to answer intelligently questions that his patients may ask him regarding the virtues (?) of some of the widely advertised “patent medicines” on the market. After reading the reports published in this book physicians will realize the value and efficiency of simple scientific combinations of U. S. P. and N. F. preparations as compared with many of the ready-made, unstable and inefficient proprietary articles.

Miscellaneous

Senator Owen Advocates a Department of Health

The declaration of President Taft at the University of Pennsylvania last year that "certainly the economy of the union of all health agencies of the National Government in one bureau or department is wise" bids fair to find expression in law. This is shown by the bill introduced by Senator Owen, providing for a Department of Public Health. In advocating the bill, * Senator Owen pleaded the law of precedent in accordance with which other departments have been created by assembling and coordinating pre-existing bureaus, and urged Congress to redeem the pledges on this subject made in the platform of both the great political parties. He also pointed out the necessity of having a department with ample power, as the only means of conferring on the health agencies of the country such prestige and influence as would afford adequate protection to the people.

Senator Owen made some statements which tend to impeach the Department of the Treasury as a competent administrator of the health interests of the country. He stated that when he applied to the Surgeon-General of the Public Health and Marine-Hospital Service for certain information, he, a senator of the United States, could not get the information for two weeks or until the Secretary of the Treasury had returned to Washington. When the Surgeon-General finally made a statement to Senator Owen it was by express permission of the Assistant Secretary of the Treasury. This is an illustration of the humiliating status of our national health service under the existing system. It is true that until recently the Public Health and Marine-Hospital Service has been more distinctly autonomous than would seem to be indicted by the two foregoing incidents, but it was only by tolerance and not because the Secretary of the Treasury did

*Department of Medical Economics, p. 1159. J. A. M. A.

not have the power at any time to subordinate that service by executive order. Nor can we reproach the Secretary of the Treasury. Central responsibility must carry with it central authority, and in national health administration that authority, under the President, resides in the Secretary of the Treasury. So it is not against the Secretary of the Treasury nor against the Surgeon-General of the Public Health and Marine-Hospital Service that Senator Owen directs his shafts, but rather against the laws that permit a system that belittles that which ought to be dignified and weakens that which ought to be strengthened.

The action of the Department of the Treasury during, we believe, the secretaryship of Hon. Leslie M. Shaw, with respect to the bubonic plague at San Francisco, is urged by Senator Owen as an additional reason why that department should not remain in executive control of our health interests. The charge in this instance involves the suppression of the report of the board of experts from Feb. 26, 1901, to April 19, 1901. Senator Owen said: "The commercial interests of San Francisco had triumphed over the bureau and compelled the Surgeon-General, the head of the bureau, by order of his superior officer, the Secretary of the Treasury, to agree to suppress the report contrary to the obvious moral and sanitary duty of the United States. From that time bubonic plague has widened the area of its terribly dangerous infection from Los Angeles to Seattle, passing from rat to rat and squirrel to squirrel and from these animals to an occasional human being through the agency of the common flea."

With respect to this charge the Surgeon-General of the Public Health and Marine-Hospital Service, "by permission of the Assistant Secretary of the Treasury," dictated this statement: "There was a time when the commission of three experts was sent out there and verified the existence of the plague and it was known that this full report was on the way when it was evident a great sensation was expected and

the full report of the commission was not published. It was evident that a wide sensation beyond what was evident and what was proper could have been made out of the report of this committee and it was so handled that, while the central facts were not delayed, still the sensational report which would inflict injury on the State of California for an indefinite number of years was prevented."

Apparently the Treasury Department was more concerned about the receipts of the Custom House at San Francisco than about stamping out the plague. Evidently that, in fairness to either, they cannot be administered jointly by the same agency.

Senator Owen has made clear that any attempt at progressive legislation must be in the direction of a department and not a bureau, since the latter is the very thing from which we are endeavoring to escape. On this point, Senator Owen insists, as President Taft pointed out, that "it is generally agreed that these bureaus should all be brought together as one working body. To bring established bureaus under a new 'bureau of public health' would be to lower the dignity of the present bureaus by making them the subordinate bureaus of a new bureau which would be offensive to every bureau so subordinated. To bring these bureaus under a department would not lower the dignity of a bureau thus coordinated with other bureaus under the department and would, I believe, generally meet the approval of the government officers employed in the bureaus so coordinated, giving them a new dignity by being a distinct branch of a department of public health, through which they could enlarge their efficiency and find better expression and publicity of work done for the public health." These considerations prompted Senator Owen to introduce this bill providing for a department and not for a bureau.

It is impossible to review every phase of Senator Owen's speech, the full text of which will be sent by him to any one on application. This movement and especially this enthu-

siastic propaganda on the part of a United States Senator is gratifying and encouraging to all those who have long sought to interest our National legislators in public health matters. If as a result a Department of Health is created, the visions of years will be realized. Even if this end, so much to be desired, cannot be secured, the campaign ought at least to insure a strong bureau of public health located in a department in which its work shall be untrammelled and not subordinated to other interests. Such a result will be a marked advance in the campaign for the protection of public health, and, even if it is not all that can be desired, will be well worth the effort.

Jour. A. M. A., April 2, 1910.



The Secretary of the Bureau of Medical Legislation of the American Medical Association urges that the profession in every State and County exerts itself to its utmost to obtain the indorsement and support of the Senators and representatives in Congress and all influence should be brought to bear upon them as soon as possible.

The Secretary of each County Society should immediately take up this matter and do three things, namely:

(1) Write a letter giving your own views and the views dominant in your community on the question of public health legislation and send a copy of it to (a) each of your United States Senators and (b) to your Congressman.

(2) Secure letters expressing approval of the PRINCIPLE of Senator Owen's bill from each of at least three citizens of recognized political influence, NOT MEMBERS OF THE MEDICAL PROFESSION, such letters to be sent to (a) each of your United States Senators and (b) to your Congressman.

(3) Arrange for a PUBLIC MEETING to be held preferably under the auspices of your commercial or civic bodies, with the co-operation of your County Medical Society, at which, after full discussion of the question, have resolutions adopted expressive of the sense of the meeting as to the importance of the proposed legislation and the necessity for its prompt enactment. In case Dr. J. N. McCormack has recently addressed a public meeting in your city, take advantage of the public health interest created by this meeting and secure the co-operation of those who attended and took part

in it. Copies of the resolutions adopted, properly signed, should be sent without delay to (a) each of your United States Senators and (b) to your congressman. SIMILAR ACTION SHOULD BE INITIATED AT ANY AND EVERY MEETING OF A PUBLIC CHARACTER, CIVIC, EDUCATIONAL, POLITICAL OR RELIGIOUS, HELD IN YOUR COUNTY UNTIL THE BILL BECOMES A LAW.

We would earnestly urge the County Society Secretaries to give these recommendations their immediate attention as far as possible in order that Delaware may take part in this important campaign.



Philadelphia Special—P. R. R.—To the A. M. A.

The Pennsylvania Railroad has organized a special train to St. Louis, leaving Broad Street Station Sunday, June 5th, at 1.10 P. M., and arriving in St. Louis on Monday, June 6th, at 1.25 P. M.

New York members desiring to take this train may do so at W. 23rd St. Station at 10.55 A. M. Pennsylvania members desiring to take this train may do so at Harrisburg on Sunday at 3.35 P. M., at Altoona at 6.40 P. M., and at Pittsburg at 8.35 P. M. (Central time).

This is a solid Pullman electric lighted train of highest possible equipment having a Club car with a barber and valet, also a stateroom observation car, manicure service being available. Dining car serves all meals. The train is in fact an exact counterpart of the famous Pennsylvania Special which runs between New York and Chicago in 18 hours.

Arrangements will also be made to have a special train for the return trip, leaving St. Louis on Friday, June 10th, at 1.02 P. M., and arriving in Philadelphia on Saturday at 3.20 P. M. Those who take the outward train need not necessarily return on the special, as their tickets will be good for any other of the ordinary trains on which no special fare is charged. On account of the A. M. A., round trip can be made for one and one-half fares, i. e., \$34.15, exclusive of sleeping-car accommodations; return ticket good until June 20th.

Those who desire to take this train should communicate at once with William Pedrick, Jr., District Passenger Agent P. R. R., 1433 Chestnut Street, Philadelphia. Ophthalmologists will please specify "ophthalmological car."

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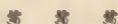
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Notices of Meetings

Delaware State Medical Society, October 11, 1910, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.



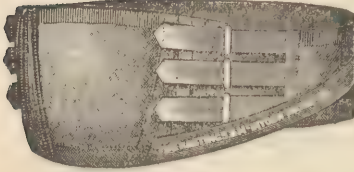
Sussex County Medical Society meets at Georgetown monthly. Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1013 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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OF THE

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PUBLISHED MONTHLY
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DELAWARE STATE MEDICAL SOCIETY
WILMINGTON DELAWARE

Tetanus Antitoxin

as a prophylactic for Fourth of July injuries and contaminated wounds

1908 "Every annual compilation that we make of this subject adds to the now conclusive evidence that Tetanus Antitoxin is an almost infallible prophylactic, and that it should be used at the earliest possible moment for every case of penetrating wound caused by Fourth of July injuries."—Ed., *Journal A. M. A.*, 1908, Vol. II, page 42.

"The tetanus mortality has dropped in six years from 406 to 55. We have made extensive inquiries into the treatment received by those injured in Fourth of July accidents, and have yet to learn of a single case in which tetanus developed in a person who had early received a prophylactic dose of antitoxin."—Ed., *J. A. M. A.*, 1908, Vol. II, page 848.

1909 "The following simple rules for the prevention of tetanus are given:
 "1. Freely incise every wound.
 "2. Carefully and thoroughly remove from the wound every particle of foreign matter.
 "3. Cauterize the wound thoroughly with a 25% solution of phenol (carbolic acid).
 "4. Apply a loose wet boric acid pack.
 "5. Inject subcutaneously 1500 units of antitetanic serum.
 "6. In no case should the wound be closed; it should be allowed to heal by granulation. The dressing and packing should be removed every day."—Ed., *J. A. M. A.*, 1909, Vol. II, page 954.

"To put the matter in a nutshell, it may be stated dogmatically that the value of Tetanus Antitoxin as a prophylactic agent is very great, and its efficiency nearly absolute. To neglect to use antitoxin as a curative agent is also unwarranted in the light of our present knowledge."—Ed., *J. A. M. A.*, 1909, Vol. II, page 955.

1910 "The use of prophylactic injections of Tetanus Antitoxin in cases of large and contused wounds contaminated with earth or street dirt, is generally recommended as good routine practice."—Busch, in *Archiv für klinische Chirurgie*, Band lxxxii, Heft. I.

"Tetanus Antitoxin is effective, and will, in most cases, forestall a fatal issue if injected immediately or very soon after the wound has been incurred. This agency is no longer 'of doubtful value' or 'in the experimental stage'; indeed, in our belief, this has now been so well demonstrated that the physician neglecting its use would be held legally negligent in the event of any suit.

"Prophylactic doses of Tetanus Antitoxin (1500 units) given immediately upon the injury are almost absolutely effective. Nevertheless, they should be given at any time up to the appearance of the symptoms."—Ed., *Boston Med. and Surg. Jour.*, 1910, Vol. I, page 684.

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Of the Delaware State Medical Society

VOL. 1.

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No. 7.

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Contributions

¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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Original Papers

***The X-Ray Treatment of Carcinoma.**

By W. S. Newcomet, M. D.

Philadelphia.

As you all know, vast sums of money have been, and are being used by those who are making a study of cancer; so far, at the present time, they have no direct evidence to offer as to its cause. Including sarcoma, which is not strictly speaking cancer, it might be said that irritation in any part of the human body seems to be a likely focus for the disease. If we have a blow or a severe injury and a tumor follows, it is very likely to be a sarcoma; while, on the other hand, if we have continued, mild irritation, sometimes extending over years, (X-ray dermatitis, a child feeding at the nipple of its mother's breast, or a lacerated cervix are typical examples) we are more likely to have carcinoma. In other words, acute irritation is the cause of sarcoma; while long continued irritation is the cause of carcinoma. Another point, so that it may be thoroughly understood, for some remarks that follow may cause some misunderstanding; that at the present time, early operation in both carcinoma and sarcoma, is the only procedure to be recommended, as the results by this method are far better than any other. Early operation cannot be held out as a cure all, but simply offers the best chance of cure. The question is "how early are we to operate to control this awful disease?"

The following photographs will serve as illustrations of the ravages of this terrible disease as well as demonstrate the necessity of early operation.

(*Read at the Meeting of the Delaware State Medical Society, Oct. 1909)

Photograph No. 1 is a microphotograph of a section of a small tumor, a fibro-adenoma just beginning to undergo carcinomatous degeneration. It occurred in the breast of a woman. When it was removed it was about the size of a small soup bean. She first noticed this tumor six months before removal. This section is particularly interesting, as it shows that the capsule had been invaded, has ruptured and allowed these cells to escape into the surrounding gland. Here is an instance that illustrates a very early dissemination of the disease. The three other pictures of this set show the breast tissue with a small nodule of carcinoma. A nodule from the posterior surface of the pectoralis major muscle, and an axillary gland all show carcinomatous changes. Usually the great difficulty to be encountered is in correct diagnosis, more especially when the disease exists in conjunction with other diseased conditions that to a great degree simulate cancer. The surface carcinomas, or epitheliomas are really very confusing. For instance, just when should we consider these senile eczemas malignant? They are certainly very closely allied, if they are not the same. Then again lupus, syphilis and other conditions are very likely to be confused with epithelioma.

Here in the second group of pictures is shown the condition before and after treatment. The man was supposed to have an epithelioma of the nose. He had passed through the hands of several of the best Philadelphia surgeons, who had curetted it at different times. After about six weeks of specific treatment, the second photograph was taken, and you will see that there was a decided improvement from a few drops of potassium iodide, yet that man had been treated for several years for a supposed epithelioma.

Here again is another picture, which illustrates the difficulty in making the differential diagnosis. It shows a small ulceration at the inner corner of the orbit about 3-4 of an inch in diameter. It looks very much like an epithelioma, but the microscope showed it to be an endothelioma, which would place it in the group of sarcomas.

Here are several pictures of cases of leukoplakia. This condition is often very difficult to treat, and the result depends in most instances upon the cause. We may have it as a primary disease; that is, in other words, an unknown cause, or we may have it due to syphilis. In this instance, it usually yields to treatment, but even the syphilitic variety often degenerates to a simple epithelioma, and when it reaches this stage it is beyond the power of medical treatment. That cases of leukoplakia do become epithelioma is not to be doubted. They may run on for some years as small white patches, changing their shape and position, and do no harm, then suddenly from some unknown cause will start a very active course. They are like the epitheliomas of the skin; there is absolutely no way of determining whether they are going to be active or slow, and while a great many of these epitheliomas of the skin yield rapidly to X-ray treatment, on the other hand, these leukoplakias, are much more resistant and do not seem to undergo the same change. This may be due to the fact that the X-ray cannot reach them as in the surface conditions, as it is often impossible to get them in direct line with these rays, and again, they are always protected by more or less mucus, and it must be remembered that it is the low ray that has the greatest influence upon these ulcerations, and this ray has the least power of penetration.

Here are two photographs showing a sarcoma of the hand of a child. It was thought to be due to syphilis, or possibly tuberculosis, but when it was removed and examined microscopically, it was found to be sarcoma.

This one illustrates an enormous sarcoma of the chest; the ulcerations upon the arm are due to burns from high frequency treatments. Those who use this method should always be cautious as to the results.

The small epitheliomas of the nose shown here usually yield rapidly to X-ray treatment, if not neglected, and a person may be made very comfortable throughout the existence of the condition. One of these four women was also a sufferer from epilepsy, while another had a well marked epithelioma of the breast, "Paget's disease."

In the cases of epithelioma of the face in persons of advanced years there will usually be found several other distinct patches, upon the skin and here is the picture of a man with several of them scattered over his face. Unfortunately he submitted to a plaster operation with the result shown in the large ulceration which has caused a perforation of the cheek. There is no doubt but that these caustic plasters will heal these small epitheliomas under favorable conditions. Epitheliomas upon the face are more benign in character than those around the lip, at the muco-cutaneous junction, or any part of the mucous membrane. In these last instances the disease runs a rapid course and deep glandular involvement of the neck soon follows. This photograph shows a typical instance in which the tumor in the neck developed with rapid ulceration.

Here is a whole series of uncommon cases, absolutely unamenable to treatment; all ran a very rapid course. To be sure they were neglected cases; some refused early advice, while in others the disease was not recognized.

Dr. Codman has some statistics to show the number of people that will allow this disease to go from bad to worse without the least interference. The distrust of the laity in the treatment of these conditions is remarkable. This is unfortunate, but when you consider that the results from any procedure are not certain, one cannot condemn them and they are to be pitied.

Here is a photograph that represents a man with recurrent epithelioma of the face, involving the orbit after a knife operation. He was afterward treated with the X-ray with the result that it now shows only two small spots, and this after the interim of about four years.

Here is another case which shows a well marked senile eczema. These patches practically cover the whole face. There are also three or four well developed epitheliomas besides four horny patches, which were removed by the knife, while the rest yielded to the X-ray.

In a great many cases these ulcerations occur where we cannot afford to sacrifice tissue. If they have not been al-

lowed to proceed too far, one can obtain very good cosmetic results from the use of the X-ray.

In this instance, the original ulcer was about the size of one's little finger nail. It was quite deep, but healed rapidly under the X-ray treatment, and now you can scarcely detect the eye around which the ulceration existed.

Here is a case of extensive lupus and shows nicely the butterfly wing effect, in symmetry, instead of extending over the nose, as is usual, it covers the whole chin.

In looking at these pictures which have been passed around, you will notice how local the disease remains, practically no involvement of any of the deeper glands. On the other hand, the moment that we come to consider the condition involving the mucous membranes, we have apparently an entirely different disease, although pathologically the same.

Here is a picture of the diseased condition as it appears after infection from an epithelioma involving the tongue and around the floor of the mouth. This one shows the neck, the involved glands breaking down, secondary and following operation of primary excision. This is usually true of the diseases in the deeper structures. The disease here appears to be more violent, and is very apt to run a rapid course. On the other hand, it must be understood that every case of epithelioma upon the face is not of slow growth, nor is every case in the breast or uterus rapid. In most cases, epitheliomas on the face that are not located at or near the muco-cutaneous junction, heal easily under the X-ray treatment; that is, if they have not invaded the deep tissues; and if they do recur, they will heal again. On the other hand, epitheliomas occurring on the lip or the tongue, if they heal, they are very apt to recur again, not at this original site, but in the glands of the neck.

Here is a case of scirrhus of the breast of ten years' duration, the disease going on until the right breast entirely disappeared and left nothing but a small ulcerative patch. In this type it is hard to say just what procedure to follow, because the course is so slow that it rarely causes death. Usually the patient is old and often feeble and dies of some

other disease. The disease in these cases often run on from 20 to 30 years. The same may be said of epitheliomas of the face.

Here is a case of a woman who first had a cancer, which recurred about six years ago with a small tumor in her breast. She consulted a physician, who advised operation. She did not follow his advice, and allowed the condition to go on. When the breast became in this condition, she consented to operation, which was performed, but it recurred very promptly. Here you can see the stages of recurrence. The X-ray was tried in this instance with practically no benefit whatever.

Here is a series of pictures that illustrates very well the effect of the X-ray in a late case. First, one is a breast almost eliminated by the scirrhus with slight ulceration. The disease was removed by operation. Unfortunately the patient could not receive prompt X-ray treatment. On account of her condition, a post-operative pneumonia, the lower portion of the chest, was not treated, as we did not care to expose her unnecessarily, but simply treated the upper portion to prevent further recurrence. You will notice in this series how the disease has recurred entirely without the area that was exposed to the X-ray.

A word with regard to tumors in the abdomen. While it is possible to obtain good results in some cases, as a rule, they are not so favorable as those upon the surface. One instance, a case referred by Dr. George Erety Shoemaker, of Philadelphia, suffering from sarcoma of the pelvis, which involved the bowels and other abdominal organs, and was impossible to remove the growth. Under X-ray treatment, this woman entirely recovered, and to my knowledge, has been pregnant twice since her recovery.

In another instance, I recall a case of gastric scirrhus referred to me by a man who used to live in Wilmington, and this woman also recovered. Lastly, let me say, do not rely on the X-ray alone, nor do not rely upon operation alone, but use them both judiciously and carefully.

Discussion of the Papers of Drs. Newcomet and Codman

DR. H. R. BURTON, Lewes:

I think that this subject is one of the utmost importance, for the reason that the country practitioner ought to have impressed upon him, the importance of not only early recognition (because he cannot always be positive as to what the nature of the disease is) but to insist upon his patient going to a surgeon at once, and getting the opinion of some one who sees these cases every day, and who has practical experience along this line, which the country practitioner cannot possibly have. I will just state one case that came under my observation illustrating this point. Five or six years ago I was riding up a street in my town when a woman stopped me. She said, "I would like to have you look at my husband's lip." It was some one that I had never attended professionally before, though she knew me and brought her husband out to see me. I examined his lip and said, "I think that is a cancer, and it should have been operated upon long ago. There is only one thing for you to do for your husband, and that is to take him to a hospital at once." "Oh," she said, "it is such a pity that you doctors don't agree." "Well," I said, "with whom do I disagree?" Then she told me that the physician who had been attending her husband had warned him not to let anybody cut that growth. I asked her how long he had been treating him and she told me six months. I said, "That is six months wasted in my opinion, but I am only a country doctor, and my opinion is not worth one-tenth part as much as the opinion of the surgeon in the hospital who sees these things every day in his life. Now, I disagree with your doctor, but that don't change my opinion. There is only one thing for the patient to do, and that is to get the opinion of a surgeon, who will be more able to judge of this condition than I am. My opinion probably is not worth as much as your doctor's; it may be worth more; it may be worth less. Now, you take him to Philadelphia, and let some surgeon examine him. If he says 'Don't operate,' take his advice, and I will admit I am wrong. Well, a few days afterward, they came to me, and wanted to know if I could give them a letter to Dr. Hearn, which I did. When they arrived in Philadelphia and saw Dr. Hearn, he said to them, 'You ought to have been here long ago. This has gone so far now, I do not know whether I can cure it or not.' But he operated, and when the man left the hospital, he said to him, 'Now, you go home, and you go to see Dr. Burton every week, and whenever he tells you to come back here you come. He came home, and I treated the wound until it was healed, and every week or two he would come around and ask me to look at it. I examined it, and finally I found some of the glands beginning to enlarge, and then I said to him, 'There is a lump there,

you go back and see Dr. Hearn at once.' He did, and Dr. Hearn performed a second and a larger operation. That has been six years ago, and that man is now working every day of his life and enjoying himself and is in good health. There is no evidence of any return of the trouble. Therefore, I say, that it ought to be impressed upon the men practicing outside of the cities, where they have not the benefit of frequent communication with one another, that whenever he finds anything like a lump or something that appears like an epithelioma, he should send that patient at once to some one able to determine the nature of it, and operate, if necessary.

DR. P. W. TOMLINSON, Wilmington:

I just wanted to ask Dr. Codman, after he made the statement that most of these cases of breast cancer occur between the ages of 35 and 45 years, whether it has been his observation in cases occurring after 50 that the cancer is any slower in development than when it occurs in younger people.

DR. CHARLES A. E. CODMAN, Philadelphia:

The rapidity of the growth of breast cancer depends upon the resisting powers of the afflicted individual. Most cases terminate fatally in eighteen months, if neglected. In aged people and others upon whom operation is contra-indicated the X-ray affords the best measure of relief. * * * * * As to its geographical distribution, cancer of the breast is found in all the races from the Polar to the Equatorial regions. No class of society is exempt, as it is seen as frequently in the poor and lowly as it is in those higher in the social scale. My plea is for the early recognition of cancer of the breast. We have been taught the signs and symptoms of cancer are a stony, hard, irregular mass, with pain, thickening, hardening and dimpling of the skin, retraction of the nipple, immobility of the breast, with or without palpable axillary glands. These I take to be mostly the symptoms of late cancer. In the beginning cancer is a local, symptomless, curable disease. In making a diagnosis of cancer of the breast it must be borne in mind that the greatest number of these growths are found in the upper, outer axillary segment, not quite so many in the sternal hemisphere. Both breasts should be bared and examined and compared at the same time, and the difference noted. The peculiar dimpling and pig-skin appearance may be observed by making gentle traction upon the breast in different directions. Careful search must be made for palpable axillary, cervical or infraclavicular glands. Cancer of the breast is most likely to occur in those patients who are apparently in good health in middle life. It is occasionally seen in younger people, although the greatest number is observed in those whose ages range from 30 to 45 years. The important diagnostic features are a palpable mass, the retraction of the skin and the age of the

patient. The drawing in of the nipple, pain, enlargement of the axillary, cervical and supra-clavicular glands, the ulceration and discharge, are all later and more serious signs and symptoms. We cannot too forcibly impress upon our professional brethren, that they should at first believe all growths in the breast to be malignant. If they prove to be benign, the patient has been the gainer. Operation should be immediate, thorough and complete. Statistics show that of the cases operated that are without demonstrable glandular involvement, 75 per cent. recover. Of those with axillary glandular involvement, at least 25 per cent. recover. The cases with involvement of the cervical and supraclavicular glands, adhesion to the chest wall, and with ulceration are less hopeful. The virulence and malignancy increase as the disease progresses. Of 117 breast cases we collected from the records of the American Oncologic Hospital, 42 came there with a full knowledge of their condition.

Of these 22 had never been examined, advised or treated;

13 had been using caustics and plasters;

5 had been given medicine to dissolve the growth;

1 had been using hop poultices;

1 had been using electricity.

The pictures of breast cases Dr. Newcomet has shown are of recurrent or inoperable conditions and their treatment was merely palliative. The X-ray has made many of these patients more comfortable. After operation in all cases the X-ray should be given for a considerable length of time.

Report of the Committee on Scientific Work

DR. J. A. ELLEGOOD, Wilmington:

No remarkable discoveries have been made in the medical world during the last year. We have had no Cooks, Pearys, nor Wrights during that time. The greatest progress in scientific work has probably been in serum diagnosis and therapeutics, biology, and preventive medicine. Owing largely to the aid of the Red Cross Society, public interest has been aroused, and great impetus given to the anti-tuberculosis movement. The importance of insects as carriers of disease has been emphasized. The study of entomology and its relations to disease offers one of the most promising fields in preventive medicine. Although it has for some time been known that mosquitoes, ticks, flies, and other insects that infest and prey upon the human body, are agents in the transmission of disease, it is but comparatively recently that the importance of common house flies as carriers of disease has received any particular attention from medical observers. That they are often the bearers of the germs of dysentery, typhoid fever, cholera, ophthalmia, tuberculosis, and probably other diseases, there can be little doubt. A crusade against these insects, hitherto regarded as being only a common nuisance, is in order.

**Discussion of Report of Committee on Scientific Work**

DR. A. ROBIN, Wilmington:

If Dr. Ellegood will permit me, I wish to call your attention to a recent series of observations which have attracted a great deal of attention. It is the observations made upon the hook worm disease, which has been found to exist in some two millions of people in the South. These people have been accused of being indolent when they were really sick people, suffering from the hook worm disease. Some very brilliant studies have been made along this line, and it is hoped that these two millions of people in the South will be reclaimed to industry. The remedy is very simple, thymol being the specific. Some very interesting things have recently been written by Dr. Stille, and I have been following them very closely.

DR. J. A. ELLEGOOD, Wilmington:

Reference was not made to the so-called hook worm disease, because much of the literature upon that subject is now ancient history. Its effects are clearly traceable to the historic works of Peroncito. In Central America uncinariasis has been for centuries the most important and dangerous general disease, and it appears in the old Indian traditions as associated with "dirt-eating." It was well known as the cause of the severe miner's anaemia during the construction of the Saint Gothard tunnel. The subject has been frequently written about since the middle of the last century. In 1902 Stiles wrote of its prevalence among the inhabitants of the South Atlantic States, and the newspapers and periodicals made numerous references to it as the "germ of laziness."

The Journal of the Delaware State Medical Society.

EDITOR,
Harold L. Springer

ASSISTANT EDITORS,

Henry W. Briggs
Wm. Marshall, Jr.

Albert Robin
G. W. K. Forrest

Editorials

Another Insult to the Medical Profession

Many physicians have recently received a letter and pamphlet asking them to subscribe to stock in a scheme that will make them rich. Of course large dividends are promised in a short time and to quote from the letter—"an honorable way in which you can keep for yourself some of the profits that you are now creating for the pharmaceutical houses and the proprietary medicine barons"—to help add millions of dollars to the incomes of physicians every year. The pamphlet makes an insulting attempt to show how the question of ethics may be overcome and altogether this literature is a series of deceptions intended to catch the unwary physician.

The scheme is of course simply a new form of swindle and is another form of doctors and druggists syndicate that is primarily designed to separate the physician from his money for stock and later cut his throat by establishing a syndicate drug shop in every locality with a legally registered doctor and pharmacist, both poorly paid, that will increase the already too low income of the physician. The lying printed literature sent out does not tell these facts since by doing so would spoil the game.

Aside from the unethical part of this flim-flam game the man who joins such a cutthroat scheme is, to use the words of a contemporary, "a pirate" from whatsoever view it may be considered. Unfortunately there are a few physicians that are honest but easily taken in by the plausible stuff that is sent them by these concerns. This one seems so obviously a dishonest method that it is to be hoped the physicians will treat this syndicate with the contempt it deserves as well as any other such schemes.



A Safe and Sane Fourth of July

Under this heading editorials and articles have been written by nearly all the newspapers and magazines in the country and it seems that public sentiment is unanimously in favor of substituting a less noisy and less bloody celebration of Independence Day for the annual slaughter that has occurred in the past.

It is indeed the duty of physicians to urge upon the people the necessity of some change and this can be done no more forcibly than by calling attention to the large number of persons, mainly children, that are either killed outright or injured for life by some terrible accident. During the past seven years the records show that over thirty-four thousand persons were either killed, wounded or blinded and that last Fourth of July five thousand three hundred and seven persons were killed, blinded or maimed. This is a terrible toll of blood to pay for the celebration of such an anniversary, and something must be done to put a stop to it.

The remedy is very simple and all that is required is that the people of the community insist upon the passage of an ordinance prohibiting the sale or use of fireworks, revolvers, etc. If it is desirable to have fireworks in some manner, a public display should be held and experts should have charge of setting them off. If this horrible slaughter of the innocents is to be prevented this year, now is the time to act for the time will be soon at hand.

Nursing Among the Poor

That something should be done to make it possible for the families of the middle class to obtain trained nursing in illness, is plainly evident but it is a problem that is difficult of solution. The fees of the trained nurse while within reach of the well-to-do are so high as to be practically prohibitive to the middle class. Most of these people cannot afford to pay the doctor and a trained nurse also, also in many instances both are required. The very rich can take care of themselves and the very poor are provided for by the hospitals or other charitable organizations, but that large class of persons whose income is about equal to their ordinary expenses cannot bear this additional expense of a trained hospital nurse. In many instances the physician has been known to forego his fee in order that the proper nursing may be had, and this is not fair.

It would seem that visiting nurses sent out and trained by the Associated Charities in Wilmington might supply this need. At least if this plan were further worked out and a more comprehensive training given many persons would be able to enjoy the advantages of a trained nurse at a much lower rate. The Committee that has charge of this work has fixed the price at five dollars per week and some of these young women while not having had any hospital practice are of much value as nurses. At the end of their training they are permitted to charge seven dollars per week. Unfortunately some of these after becoming somewhat experienced raise their rates and attempt to pass as hospital trained nurses. In this State the credentials of a nurse can be readily determined by whether she has registered or not and the law recently passed giving a Registration Board power to confer the initials of R. N. will fully protect the physicians here.

It would be of inestimable value to physicians as well as to their patients if some plan could be devised to have this class of young women trained as nurses that could be had for a moderate fee. In many instances they would serve the purposes as well as a hospital trained nurse and persons needing trained nursing could have it.

Another and better plan would be to have the nurses in the last six months of their hospital course be sent outside the hospital to work for a moderate fee, such work to be supervised by the superintendent of the training school.

These plans are both open to many serious objections but some plan certainly should be devised to supply this need.

The Present Revision of the U. S. P. and N. F. . . .

The revision of the United States Pharmacopoeia and National Formulary now going on is a subject of the greatest importance to physicians as well as pharmacists. More attention is being given to this revision than formerly and the medical profession may look forward to the result of the labors of this convention to the production of a most excellent and valuable assistant in the treatment of disease. There will probably be no radical changes but no effort is being spared to do away with the many objectional features that have heretofore existed.

The question of revision is a matter in which all petty rivalries should be forgotten since the aimless disputings over changes in wording, and other matters of trifling import are to no advantage in attaining the end desired and will only tend to defeat the main purpose of the meeting. The main object should never be lost sight of, namely, to give the physician the best equipment possible in his unequal fight against disease which necessarily means also that the pharmacist will be able to make the best preparations in the best and most active form in an economical manner. The pharmacists should have the hearty co-operation of the medical profession, their praise-worthy attempts to make the legal standards more definite, accurate and up-to-date since it means better prepared medicines and therefore, better results. Incidentally a sharp blow will be dealt the patent medicine and nostrum evils.

News Items

Personal. Dr. Joseph P. Wales has been re-elected police surgeon of Wilmington for the ninth time. Dr. Ollie D. Robinson, of Seaford, was accidentally shot in the abdomen by a friend. Dr. R. E. Ellegood has purchased an automobile. Drs. R. J. McKay, J. A. Ellegood and R. R. Tybout have been added to the staff of the Delaware Hospital to have charge of the eye, ear, nose and throat department. Dr. R. J. McKay has removed his offices to the Ford Building, 10th and Market Streets.

Tuberculosis in Country Districts

The number of tuberculosis patients in the rural communities of Delaware, as shown by the reports of the State dispensaries dispels the popular idea that consumption is necessarily a disease of urban more than one of rural origin.

Delaware Hospital News

The annual commencement of the Delaware Hospital was held on May 9th. Dr. Jos. P. Wales delivered the address to the graduates, who were Misses Anna Kelly, Mary Tomany, Cecelia Gallagher, Ella Grieneisen and Mary Forsythe.

On account of a greater demand for admission of patients the management has been compelled to use the former children's ward and recovery room for private patients and will build a new children's ward to accommodate ten patients and also a large sun parlor and porch for convalescents.

The new resident physicians, Drs. Keenan and Dinkleberger, graduates of Jefferson Medical College, will assume their duties July 1st.

The service in the wards change on July 1st. Dr. John P. Wales goes on duty in the medical ward and Dr. H. L. Springer in the surgical ward.

American Druggists Syndicate

The Journal of the American Medical Association January 22, 1910, calls attention to the fact that this syndicate known as the A. D. S. is really a co-operative patent medicine concern.

New Castle County Society Outing

The June meeting of the New Castle County Medical Society will be held at the residence of Dr. L. Heisler Ball, Brandywine Springs. This will be the annual outing and a large attendance is promised. The members will all be taken in automobiles and will start from the Historical Society Building, Tenth and Market Streets, promptly at 2 P. M., on Tuesday, June 21st. The Committee urges every member to have a machine there at that time with the guests that he has agreed to take. The procession will proceed to the residence of Dr. Ball where athletic sports including a base ball game will be held and will be followed by supper on the lawn at 6 P. M.

No pains have been spared to make this meeting a success. A good time is promised to all who will go. This will be the last meeting of the Society until September.

Veterinarians Form a Society

The Delaware Veterinarian Society was organized by Veterinarians from all parts of the State at a meeting held recently in Wilmington. The officers are H. P. Eves, Wilmington, President; C. F. Dawson, Newark, Vice-President; A. S. Houchin, Newark, Secretary and Treasurer; J. R. Mahaffy, Wilmington, H. B. McDowell, Middletown, and F. W. Ruhl, Milford, Board of Trustees.

Tuberculosis Notes

On account of having exceeded the appropriation made by the State for maintenance of patients at Sanatoria the Anti-Tuberculosis Society was compelled to dismiss ten patients from Hope Farm. These patients were all from Wilmington and a committee from the Anti-Tuberculosis Society appeared before the City Council of Wilmington to urge that body to agree to maintain all indigent patients at Hope Farm. Council agreed to give the matter its consideration.

Notices

The Delaware State Medical Society will hold its annual meeting at Wilmington, October 11th, 1910.

Delaware State Tuberculosis Commission will hold its quarterly meeting at Georgetown, June 23rd, 1910.

The Medical Examining Board, representing the Homeopathic Society of Delaware State and Peninsula, will meet in Wilmington, June 21, 22 and 23, 1910, for the purpose of examining candidates who may desire a license to practice Medicine and Surgery in the State, in conformity with the Act regulating the same, passed a Dover, May 18th, 1895. For particulars, apply to the Medical Council, Dr. H. W. Briggs, Wilmington, Del. Harrison W. Howell, Sec. Med. Ex. Board, Wilmington, Del.

The Medical Examining Board, representing the President and Fellows of the Medical Society of Delaware, will meet in Dover, June 21, 22 and 23, 1910, for the purpose of examining candidates who may desire a license to practice Medicine and Surgery in the State, in conformity with the Act regulating the same, passed at Dover, May 18th, 1894. For particulars, apply to the Secretary of the Medical Council Dr. H. W. Briggs, Wilmington, Del. J. H. Wilson, Sec. Med. Ex. Board, Dover, Del., May 17, 1910.

Vivisection

The following publications are available for information in regard to vivisection. They are pamphlets published by the Council on Defense of Medical Research of the A. M. A. One is entitled "Vaccination and its relation to animal experimentation," by Dr. J. F. Schamberg, Philadelphia. A second is "Animal experimentation and tuberculosis," by Dr. E. L. Trudeau, of Saranac Lake, N. Y. A third, "The role of animal experimentation in the diagnosis of disease," by Dr. M. J. Rosenau, of the U. S. Public Health and Marine Hospital Service. A fourth, "Animal experimentation and cancer," by Dr. James Ewing, of New York. The fifth is "The Ethics of Animal experimentation," by Prof. J. R. Angell, of the University of Chicago. These publications are timely and furnish the practitioner and layman both with the facts and arguments of and for animal experimentation.—Jr. A. M. A.

Their Master's Voice

The New York State Medical Journal of January, 1910, under the above heading states that at a certain hospital in New York City the Board of Managers has made a note classifying the visiting surgeons and ranking and assigning them to duty not according to their fitness or length of service in the hospital, but according to the numbers of pay patients they have sent to the hospital during the previous year.

Medical Education

Henry W. Briggs, Editor.

A Model Medical Practice Act

At the Atlantic City session of the American Medical Association held in June, 1909, the standing committee on medical legislation was instructed to hold a joint conference with the committee on medical education for the purpose of discussing and if possible formulating a model medical practice act, one suitable for adoption in each of the various States. Accordingly this conference was arranged and held on March 1st and 2d of this year at Congress Hotel, Chicago, Ill., directly following the regular session of the council on medical education. Nearly every State in the union was represented at this conference, the delegates being representatives of State boards of medical examiners, medical colleges, State medical societies, legislative organizations of various States and of physicians in general.

The questions vital to the formulating of a model medical practice act presented for consideration and after thorough discussion decided by a majority vote of the delegates present, were as follows:

1st. Should there be a separate board of medical examiners or should the State Board of Health also have examining and licensing power?

It was found that several States after having the combined board of health and medical examining board, have after experience, established separate boards, there being nothing in common in the work of each board. This question was decided in the affirmative by a large majority.

2d. Should the examining board be multiple or single?

Throughout the country where multiple boards have existed the tendency has been wherever possible to change to the single board, and this very properly, for whatever may be the particular manner or therapeutic measures in the treatment of disease, it is self-evident that all who practice medicine and surgery should be equally-well grounded in all fundamental branches leading up to a correct diagnosis. The vote of the conference on this question was 43 to 4 in favor of a single board.

3d. Should sectarianism be recognized on the board?

Where single boards are established this seems to be a

necessity, especially on the subjects of materia medica and therapeutics. There was considerable difference of opinion among the delegates on this subject. After much discussion it was decided in the affirmative by a vote of 39 to 17.

4th. Should teachers in medical schools be on the board?

The sentiment was overwhelming in favor of keeping the examining boards entirely free from members of medical faculties, thus avoiding any possible charge of partiality. Only 2 votes were recorded favorable to this question.

5th. Should graduation from a medical college be a requirement of the applicant for license?

Strange to say, a few of the States will allow candidates to qualify for examination without holding a medical college diploma. The number, however, is small as indicated by the vote, only 3 being in the negative.

6th. Should the examinations be written, or oral and written?

After a discussion it was decided, by a large majority, to leave this question to the individual boards with the recommendation that the examinations be made as practical as possible.

7th. Should State examining board have the authority to determine the standing of medical colleges?

On this question there was no difference of opinion, it being carried unanimously in the affirmative.

8th. Should an examination be given in materia medica and therapeutics?

This question was presented in view of the sentiment favoring the establishment of non-sectarian boards. It was decided in the affirmative by a vote of 42 to 4.

9th. How should the examining boards be appointed?


(a) By the Governor? (b) By the Governor on nomination of the State Medical Society? (c) By the State Society direct?

The conference voted unanimously in favor of appointment by the Governor from representatives recommended to him by the State Medical Societies.

It is pleasing to note that the Delaware medical practice act, as amended in 1907, embodies each of the 9 questions considered by the conference, and every one except the second, that of a single examining board, stands incorporated in our statute as was decided by the conference would be best for a model medical practice act.

Therapeutic Progress

Albert Robin, Editor

 ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observations, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

Therapeutic Progress

Liquid Soap. A liquid soap may be prepared as follows:

White castile soap	300 grams
Stronger ammonia	25 grams
Alcohol	250 grams
Soft water	325 grams

This contains the same amount of soap as the tincture of green soap. An antiseptic may be added.

Rudisch recommends atropine sulphate, grains 1-150 gradually increased to grains 1-20 t. i. d. for the treatment of diabetes.

Descompa employs tincture of iodine as a local antiseptic in the treatment of burns.

For the "hot flashes" of the menopause 1-30 gr. of picrotoxin three times daily is said to be very efficient.

According to H. Stern, adonidin, a gluoside of adonis vernalis is the safest and best of all the general heart tonics. It surpasses them both in rapidity and certainty of action.

The following combination of thyroid extract is claimed by Dr. Stern to prevent untoward effects of thyroid medication:

Sodium cacodylate	grs. 1-200
Adonidin	grs. 1-30
Thyroid gland	grs. 1
M. ft. 1 tablet.	

According to the experience of Hawes and Floyd, "dispensary patients can be treated with tuberculin, not only with perfect safety, but with benefit, providing that there is a close personal co-operation between patients and physician."



Blindness from Heroin

E. Stieren, Pittsburg (Journal A. M. A., March 12), reports the case of a morphin habitue who was suffering from retrobulbar neuritis caused by the use of an antimorphin nostrum, "Habitina," which was found to contain 16 grains of morphin sulphate and 8 grains of heroin to the ounce. The patient was taking, at the time she was seen, the equivalent of 2 grains of morphin and 1 of heroin 6 or 8 times daily. Stieren considers heroin much less efficient than morphin in controlling pain and much more dangerous in a dose sufficient to meet the purpose. The nostrum in this case was correctly labeled as to the amount of drugs contained, but he thinks this is no sufficient safeguard, but in some cases only helps to promote the sale.

Health Notes

Wm. Marshall

G. W. K. Forrest

Progressive Sanitation

The mortality tables of Havana, Colon, Panama and Manilla show what can be done, by the proper application of the best approved sanitary and hygienic measures, to decrease and blot out such former pests as the plague, yellow fever, malaria and cholera.

From hotbeds of infection, these cities have been converted into municipalities which stand in the honor roll of disease-free cities.

During the French activity on the canal zone, the hospital at Ancon received from amongst employees 5000 cases of yellow fever, but in marked contrast to this single illustration, only one case, and that an imported one, had been received in this same hospital during the last four years of American occupation, and this too from employees numbering several times as many.

It is not very hard to find the underlying reasons for this continued immunity for the means have been widely heralded as marking the beginning of a new era of assured health and prolonged life. Early quarantine and strict isolation of the infectious sick, clean and wholesome food, combined with efficient disposal of wastes, are the most important of these reasons.

In our home country it is an auspicious omen that an awakening public opinion has begun to clamor for the adoption by our city and town governments, of the same or similar measures, which will assure to our citizens at least an equal degree of healthfulness as is the present heritage of the aforementioned wards of the American nation.

Vaccination for Public School Children.

Considering the close trade relations of our several communities with Philadelphia, where several cases of smallpox have been reported, it would no doubt be good policy to see that one of our statutes, which at least in the rural sections has long been neglected, be resurrected for a time at least. This seemingly forgotten law provides for a discontinuance of State help to those schools which do not compel the vaccination of their scholars.—W. M.

Book Notices

Hand Book of Therophy. American Medical Association, Chicago, Ill., pp. 421. Cloth, 1910. Price, \$1.50.

The 1910 edition of this book contains descriptions of all articles which have been accepted by the Council on Pharmacy and Chemistry up to December 31, 1909. There are also descriptions of anumber of unofficial and non-proprietary articles which the Council considered of value. The action, dosage, uses and tests of identity, purity and strength of all preparations are given.

The editors have succeeded in giving the profession a book of interest in spite of the fact that such a book must necessarily be rather lacking in this respect. It should be a frequent reference book of the physicians and it will prove of value in informing him as to the standing of certain firms. Its scope is broad and is representative of a large amount of careful work. The description of serums nd vaccines is particularly noteworthy and of much instructive value. Altogether the book is eminently suited for the use for which it was written and thoroughly covers the subject of its writing. If physicians will use it as they should it would prove a means of protecting themselves as well as the public against frauds in connection with proprietary remedies.

This little book should be welcomed by the profession at large on account of its compactness and its convenient size. Its contents are of great practical value because the subjects treated are handled in so concise a manner. The articles have been well chosen and all superfluous matter omitted. The tables, data and other facts of interest given are arranged in a convenient manner and while somewhat condensed they contain everything of practical value in that connection.

The fact that this book consists of the best and most practical articles reprinted from the Department of Therapeutics in the Journal of the American Medical Association should be sufficient guarantee of its value.

Miscellaneous

Antimeningitis Serum

After five years of exhaustive experimental work and extensive clinical trial, the Rockefeller Institute has perfected a serum for the treatment of epidemic cerebrospinal meningitis.

In the pandemic of 1904-8 the serum was supplied by the Rockefeller Institute to clinicians all over the world. The mortality of cases in which it was used was less than 25 per cent., that of cases in which it was not used about 75 per cent., the percentage being practically the same everywhere. Now that the serum can be obtained more promptly it will be possible to administer it earlier in the disease, and it is safe to predict that this will result in a still further reduction of the mortality. More than one thousand cases have been treated by this serum and no bad effects have been reported, the beneficial effect of each injection being dwelt on by all who have used the method.

The serum is supplied in packages the entire contents of which have been sterilized. Each package contains two syringes of 15 c. c. each, being the dose usually administered to young children, while for adults, or for malignant cases, 30 c. c. (2 syringefuls) are to be injected at one dose. With each package is a special needle for puncturing the spinal canal. The needle is made of soft-tempered metal which will not break, and is given sufficient stiffness by a special stylet. This stylet fits into the needle and is of exactly the same length. The end is beveled so that when it is fitted into place the bevel corresponds to that of the needle point, making one smooth surface. When the stylet is rotated its point clears the lumen of any accidental obstruction. This needle serves both for drawing the spinal fluid and for the injection of the Anti-meningitis Serum, being left in position during the entire operation.

When as much fluid as possible has been drawn off, the syringe is attached to the needle by means of a combined rubber and metal coupling previously sterilized. The metal tip is connected with the syringe by means of a small piece of rubber tubing, in order to avoid all danger of breaking the syringe point or injuring the cord by bending the syringe or by sudden movement of the patient.

Every physician will welcome the news that they are now able to secure Antimeningitis Serum, because it is the only remedy known to be of service in the treatment of cerebrospinal meningitis.

More Misbranded Nostrums

In the Pharmacology department of The Journal A. M. A., May 14, are given the results of some of the latest convictions secured by the government under the Food and Drugs Act. Among the acetanilid mixtures exploited for the cure of headache were "Dr. Parker's Universal Headache Cure," "O. K. Headache Cure," "Huthwelker's Headache Tablets," "Prestons Hed-Ake" and "U-Re-Ka Headache Powders," "Radam's Microbe Killer," a fake that was exposed some years ago, has also been declared misbranded, and twelve cases of the stuff destroyed. Another widely advertised nostrum, "Mother's Friend," was analyzed by the government chemists and found to consist of oil and soap. The claims made for it were false and the mixture deemed misbranded. Analysis of samples of "Make-Man Tablets" indicated that they contained, among other drugs, strychnin and arsenic, and since they were advertised as containing no poison and as being a "brain blood and nerve food," they were declared misbranded. "Aceton" was said to be a sure cure for influenza, headache and neuralgia as well as a preventive of pneumonia; it was found to contain acetanilid, caffen and bicarbonate of soda. There was no beaver oil, nor in fact any animal oil, in "Dr. Jones' Beaver and Oil Compound." "Sure Thing Tonic" was found to contain dilute alcohol sweetened and flavored with juniper but as such a

mixture could not "renew vital force" nor "restore nerve energy" as was claimed it, too, was misbranded. "Pillsbury Coke Extract" contained cocain, but the presence of this insidious drug was not declared on the label; the same thing was found to be true of "Cafe-Coca Compound," "Lambert's Wine of Coca" and "Koca Nola." The Journal calls attention to the good work the Department of Agriculture is doing in exposing these nostrums and states that in over 260 prosecutions the Government has lost only three cases.

University Medical Faculty Changes

The great advance in training of physicians is shown in these changes in the medical faculty of the University of Pennsylvania: Two new chairs were created, one of Comparative Pathology and Tropical Medicine and another of Research and Experimental Medicine. The first will be occupied by Dean Allen J. Smith, vacating the chair of Pathology. This chair will be occupied by Dr. Howard Taylor Ricketts, of Chicago recently returned from Mexico, where he was studying typhus fever. The other new chair, operative at the beginning of the year, will be filled by Dr. Richard Mills Pearce, Professor of Pathology and Bacteriology in the University of New York and in the Bellevue Hospital Medical College. The chair of Physiological Chemistry, endowed with \$100,000, as announced on University Day, will be occupied by Dr. Alonzo E. Taylor, now Professor of Pathology at the University of California. Dr. David L. Edsall, now Professor of Therapeutics and Pharmacology, takes the Chair of Medicine, occupied for years by Dr. James Tyson, whose resignation dates August 31.

Habitina

The Journal A. M. A., in its pharmacologic department, March 12, exposes "Habitina," one of the vicious and dangerous nostrums advertised to "cure" the morphine habit. It is advertised by the Delta Chemical Company of St. Louis, for the "positive cure" of the "morphin and other drug

habits." The Delta Chemical Company is, according to reports, practically owned by one Ryland C. Bruce, who was previously in the insurance business the "chemical company" is said to have its preparation put up by other houses according to demand. The advertisements call attention to the fact that a "free sample" of this "cure" may be had on application. Those writing for it receive a half-ounce bottle containing eight grains of morphin sulphate and four grains of heroin hydrochlorid. This means that, under the present lax state of affairs, any man, woman or child who cares to go to the trouble can, at a total expenditure of two cents, get enough morphin to kill seven or eight people. No reputable drug store in the United States would dare to sell this quantity to a layman on no other authority than his simple request. The expose refers to another article in the same issue reporting a case of blindness resulting from the use of this nostrum. Before taking "Habitina" the patient was taking six grains of morphine daily—after taking the "cure" she required daily sixteen grains of morphin and eight of heroin.



American Druggists Syndicate

In the Department of Pharmacology of *The Journal A. M. A.*, April 9, the American Druggists Syndicate is again discussed. It appears that this cooperative "patent medicine" concern has lately increased its capitalization to two and one-half million dollars, and is trying to dispose of some of its newly created stock to physicians. *The Journal* says that the indignant protests that have poured in from the medical profession could be no more numerous if the Lydia Pinkham or Orangeine people should ask physicians to purchase stock in their respective companies. In its appeal to physicians, the A. D. S. issues a booklet in which the vast profits that have been made from the sale of some of the most widely advertised nostrums are called attention to. The physician is asked to purchase stock in the A. D. S. so that a competing line of "patents" may be marketed and the medical man thus participate in the profits accruing from the sale thereof. According to the booklet, the A. D. S. remedies are to be offered by the druggists to all customers who

ask for some other line of "patent medicines," and the statement is made that according to "leading druggists" it is possible to sell an A. D. S. product to seven out of ten people who call for other preparations, while the three people who object to a substitute may be won over to the A. D. S. product "through intelligent literature [*sic*] to be given them with the packages they insist on." The physician, by purchasing stock in the A. D. S. is "given an opportunity to share equally with druggists in the profits derived from the sale" of the A. D. S. remedies. As to the ethical side of the question, the A. D. S. booklet says that the "old worn-out, moth-eaten notions of ethics" should not prevent physicians from participating in profits such as come from the sale of A. D. S. products. In another part of the booklet the physician who persists in dispensing his own remedies is made the subject of a story that apparently contains a veiled threat. It describes how two druggists, in a town where such a physician lived, brought the medical man to time by hiring a "bright and competent physician to write free prescriptions and make free professional calls." The prescribing physician, according to the story, went to the druggists in a few weeks and promised to be good. Says the A. D. S.: "This is intended only as an illustration of what could be done by pharmacists in extreme cases, if they found it necessary, as it was in this instance." *The Journal* expresses the opinion that such a story is not likely to engender a very kindly feeling between druggists and physicians. The booklet as a whole, is characterized as being, in the words of a correspondent, "truly a monumental bit of impertinence."



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**Students having had three or more years of college training may be admitted with conditions in these subjects, such conditions to be cancelled in the first year of attendance.

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Notices of Meetings

Delaware State Medical Society, October 11, 1910, Wilmington, Del.

American Medical Association, June 7-10, 1910, St. Louis, Mo.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto. Phone 1974.



Sussex County Medical Society meets at Georgetown monthly Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1013 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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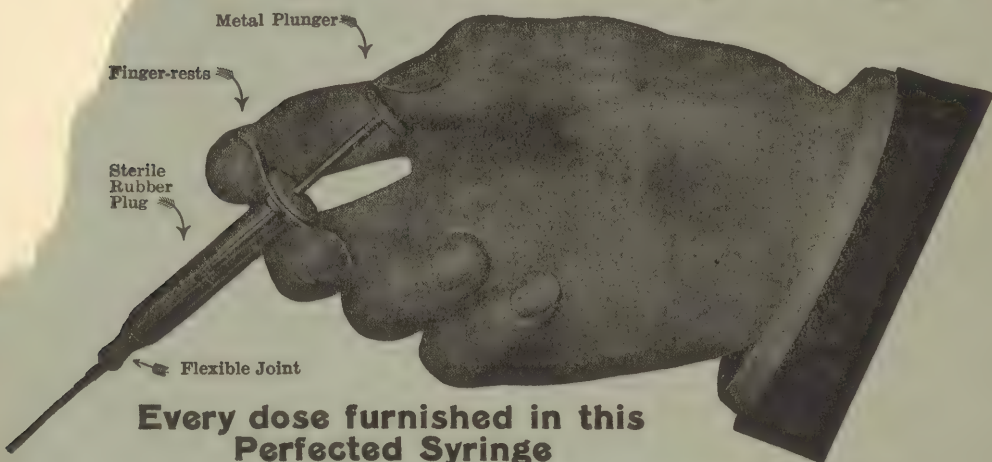


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The Journal

Of the Delaware State Medical Society

VOL. 1.	SEPTEMBER, 1910.	No. 8.
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¶ Members of the Society are invited to write short articles on any subject and the Editor will be glad to give them space if possible. No communication should be over four hundred words in length, and anonymous communications will receive no consideration.

¶ The Editor will assume no responsibility for the opinions expressed.

¶ This journal will be sent free of charge to any reputable physician in the State, and extra copies may be had by applying to the Editor.

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The Journal of the Delaware State Medical Society.

EDITOR,
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Editorials

Disappearance of the General Practitioner

In a speech before the Maryland Medical Society, last month, in Baltimore, Dr. Richard Cabot of Boston, predicted the gradual disappearance of the General Practitioner of medicine from this country. His reasons cited were the rapid growth of free dispensaries and the loose discrimination in the treating of patients in these free dispensaries, combined with the disinterested sacrifice of the profession in teaching and enforcing proper sanitation and hygiene to the masses of our people.

Some philosophers may seriously infer from his reasoning that the forces now tending to reduce sickness will so far react as to leave for the future practitioners nothing to do, but we must consider that death is inevitable and will come to us all, and that as long as human nature is as it always has been, we will do things we know risk our healths and tend to disorder our physical and mental makeups. Metabolic and constitutional diseases can not be avoided by quarantine or wholly by good sanitation. The strenuous life of today compels many men to engage in occupations which lower their

vitalities, but as long as commerce and trade, to which we look as main factors in our civiliaztion, occupy the plane they do it is absolutely impossible to avoid all the conditions which tend to weaken and destroy health, and there will consequently still be left to future generations of physicians enough practice to keep them busy.

In the large cities there can be no doubt of the justice of Dr. Cabot's remarks as to the serious impairment of medical incomes, but granting this as true, there yet remain remedies which can and will in time restrict this evil or injustice to the doctor. First we must concede that in the United States there are entirely too many licensed physicians, hence in seeking solutions our attention would and rightly need to consider the restriction of the number of medical graduates to the actual needs of the country, thus making the average number of physicians to the percentage of population, less than at present. This in part will offset the lessened amount of work which must result because of the spreading of education in sanitation and hygeine, which preventive medicine is now engaged in.

Second, the inroads of the free dispensary abuse will find a solutioin in the protest of an outraged public when they find that the money involved in the running of the dispensaries comes primarily from their own pockets and practically increases the share of their own taxation. They will demand and enforce by public opinion and otherwise the strict surveillance of the dispensary doors, and allow only those properly entitled to free treatment to receive it.

W. M.



EHRlich'S NEW REMEDY FOR SYPHILIS.

The recent announcement of a new remedy for Syphilis by Ehrlich has created considerable excitement in foreign medical circles. Ehrlich gives it the name of 606 and its chemical name is dioxydiaminoarseno benzol. It consists of a compound of arsenic and is the result of experiments covering the last five or six years. It is, therefore, not an altogether untried remedy and having the name of an investigator as

famous as Ehrlich connected with it, is sure to cause the announcement to be received with a certain amount of confidence among medical men generally. While it is as yet too early to give a definite opinion on account of the small number of cases treated, such authorities as Wechsellmann, Neisser and others assert that the results of the use of this new remedy are remarkable, as well as surprising. Wechsellmann says that the spirochetes disappear in many cases in from twenty-four to forty-eight hours from primary lesions in which they existed in large numbers before the administration of the drug.

Wechsellmann, who has been investigating the clinical side for Ehrlich says that the new remedy acts on the symptoms of syphilis with a rapidity and thoroughness which cannot be approached by any other remedy. The statement that one injection arrests the disease to as great an extent as more than one year of treatment with Mercury is a strong one and would indicate that there must be something of more than ordinary value to this remedy. However, such strong claims tend to stimulate widespread and careful trials of the treatment by physicians and time will soon determine whether or not another great advance has been made in the attempt to find a reliable positively acting remedy for this terrible disease.

The drug has not yet been placed on the market and probably will not be until there is more clinical proof of its value, and in the meantime it will be well to read all reports with caution and hope that this is not another instance of the premature and extravagant claims so frequently made by investigators.



The Board of Health

The new Board of Health of Wilmington deserves great credit for the aggressive manner in which it has begun its work. In a letter that appears elsewhere in this issue, the Secretary outlines his policy in a manner that cannot fail to appeal to all physicians, as well as laymen in the city. In

addition he advocates the establishment of a quarantine hospital and health laboratory, both of which are absolutely necessary for the welfare of the city.

The laboratory of the City Bacteriologist should be at the disposal of and under the control of the Board of Health instead of the Water Department as it now is. As was the case with previous Health Boards, the present time one will find itself greatly handicapped by ignorance, politics and lack of funds and authority, but in its already short existence it has accomplished a number of excellent improvements one of which the screening of food from flies and dust is a great step in advance. The Medical Societies of Delaware have been slow to act in the care of the public health in the past, but in the future they should give their support to these matters and take more interest in the health of the people and thus it will be reasonable to expect more from the city and State authorities.



Can this be True

The question of commission for referring patients to specialists, or on prescription, has been frequently discussed in medical circles. It is generally conceded that the receiving of a commission by the attending physician is reprehensible to the highest degree, and for the following reasons:

1. A commission may and usually does influence the recipient in sending the patient to the highest bidder.
2. It is a petty form of graft with its demoralizing influence.
3. The patient is not aware of the extra tax and consequently has no voice in the transaction.
4. It is a cowardly and dishonest act which cannot but make both parties to the transaction cowardly and dishonest.

That this form of graft exists to a certain extent in our city is quite probable, as the letter received by the writer and printed elsewhere, would indicate.

A. R.

Transactions of the 120th Annual Meeting of the Delaware State Medical Society

Held at Dover, Delaware, October 12, 1909

Report of the Committee on Necrology.

**The Report of the Committee on Necrology was presented
By Dr. L. S. Conwell, Camden.**

I am a member of the Committee on Necrology, but I am not the Chairman, and I have no extended or written report to make. Mention has been made by the secretary of the New Castle County Medical Society of the death of Dr. Black, who was well known throughout the State, and whose career, it is a grief to all of us, should be shortened, and could not be extended further into a riper age. A man of great capacity was Dr. Black; a progressive, energetic, useful man, not only in his community and his county, but throughout the State. To the insane and the tuberculous people of this State, his life has been a great blessing.

As far as our Kent County Society is concerned, the secretary reported the death of one member, Dr. James G. Stanton, of Milford, who has not long been in our State Society, but he had a reputation of following his vocation with energy, and was quite popular, among the laity at least. He had a great many ardent supporters, and a great many to speak a good word for his skill and his faithfulness to them in time of sickness. He was comparatively a young man, a man who would be supposed to have had several years of labor still ahead of him, but his life was cut short.

I would like to call the attention of the Society, if it is not out of order, to the death of a brother who used to be a member of this Society, Dr. Ezekiel Dawson. Dr. Dawson was an

upright man, and he was a society man; he believed in the societies, and I presume there was hardly a session of this Society, while he was practicing in this State that he did not attend. He was its honored president in 1880. During the latter years of his life he was out of our State, and died in the City of Baltimore last June. He had reached a ripe old age. In the places of our county where he practiced, there are a great many who remember his patience and kindly manners and successful treatment. I have heard a great many praises of him, being located in the town where he once practiced. Our town is quite full of praise for Dr. Dawson. He also practiced in Fredericka, this county. He was one of the warm hearted men toward his brothers in the profession. He would not deign to do his brother an injury, I believe. He was one to whom every member of the profession felt he had something to which to tie. Some one to whom he could unfold his troubles, and in whom he could repose the utmost confidence. I remember him with the greatest kindness and affection personally. I do not believe that he would stoop to any little things in the line of medical practice. He did not die, I believe, a member of the Society, but I just thought I would call the attention of the Society to his death.

DR. P. W. TOMLINSON, Wilmington:

I am surprised that there is no report here. I saw Dr. Thompson, who is one of the members of the Committee on Necrology, and she told me that she had been ill; but that she was preparing a report on the death of Dr. Black which would be submitted at this meeting.

The secretary then read a letter from Dr. Thompson, stating that she was ill, and had been unable to prepare a report on the death of Dr. Black, but that she would do so in time for publication in the transactions of the meeting.

Upon motion of Dr. Albert Robin, Wilmington, seconded by Dr. P. W. Tomlinson, Wilmington, the Committee on Necrology were directed to prepare resolutions on the death of Dr. Black to be presented at the afternoon session.

Upon motion of Dr. H. R. Burton, seconded by Dr. P. W. Tomlinson, the names of Dr. Albert Robin, and Dr. H. W. Briggs were added to the Committee on Necrology for the purpose of preparing these resolutions.

DR. P. W. TOMLINSON, Wilmington:

I am very glad that Dr. Conwell thought of Dr. Dawson. I remember him very pleasantly while I was a student in medicine, reading in Frederica under Dr. Thomas Cahall as my preceptor. Dr. Dawson was then practicing in Frederica. As Dr. Conwell has said, he was a lovable man, a man of high purposes. He was a spiritual man. He felt that it was incumbent upon him to preach the Gospel, as well as to practice medicine. I have always thought that that was a mistake, if he hoped to succeed as a practitioner of medicine. I don't believe that the two professions yoke up well together, for this reason, that I think a physician should have his thoughts and his energies concentrated upon his one calling. One little incident in connection with Dr. Dawson's practice at Frederica is vividly before me. There was a little girl near Milton, about twelve years of age, who had been sent to the store to purchase something and she was given as change a silver half dollar. Childlike she put it in her mouth, and skipping along toward home, stumbled, quickly taking an inspiration, swallowed the half dollar which lodged in her oesophagus. Her mother took her into Milton and had her examined, or else sent for a physician, but they were unable to locate the coin. In a few days she was advised to take the child to Philadelphia, and she went to the Jefferson Hospital, where Dr. S. W. Gross etherized her, and while she was on the table, passed a probang down her throat, but owing perhaps to the recumbent position, somehow the probang passed the coin without hitting it. Dr. Gross turned to the mother and asked her why she thought the child had ever had a coin in her throat. She related the circumstances to him, and told him the girl was starving, that she had lost flesh, that it would take her an hour to masticate and swallow a biscuit. She was brought home without the coin being removed. When the girl came out

from under the ether she said that the coin was still in her throat. Her uncle who was then teaching school at Frederica, told Dr. Dawson of the incident. Before going to see her, Dr. Dawson wrote to Professor Agnew to know if he could send him some instrument with which he might remove a coin from the oesophagus. At the time Dr. Dawson sent for the instrument the girl had not been taken to Philadelphia, or at least he did not know about it. The instrument was sent, but somehow it miscarried and went somewhere else, and was a week or two before it got to Frederica; in the meantime the girl had been carried to Philadelphia. When he received the instrument, Dr. Dawson, knowing that I had formerly lived at Milton, and that I knew these people, kindly came around and asked me if I would like to ride down to Milton with him and see this patient. I gladly accepted the invitation, and went along. The instrument from Professor Agnew was a coin catcher, made in the shape of a V, with a flange on either side, suspended on a flexible rod. When we got to the home of the patient we learned that she had been in Philadelphia, and that Dr. Gross had been unable to locate the coin. Dr. Dawson said: "Well, if Dr. Gross could not find the coin, it is not worth while for me to look for it." The mother, however, insisted that he examine for the coin; and without giving the girl any ether, he sat her up in a chair and introduced the instrument, which we heard strike the coin as it passed it; and upon withdrawal brought it up. That coin had been in the oesophagus for a month and was blackened. I mention this to show the character of the man. I don't think that Dr. Dawson expected any compensation for this service, but his heart went out toward that child, feeling that, if possible, something ought to be done, and he took the trouble to drive twenty miles on this errand of mercy, and I am sure felt rewarded in that he was successful in removing the foreign body. I am very glad to testify to the good qualities of Dr. Dawson. He was a worthy citizen, an honorable physician and a spiritual man; and one whom I shall always remember with a great deal of pleasure.

DR. H. R. BURTON:

I would like to add to what Dr. Tomlinson has said the fact that I am well acquainted with the woman who was the girl that he speaks of. She is living in my county and is the mother of two bouncing boys and is well and happy. She probably would not have been in the world, had it not been for Dr. Dawson's character, and his willingness to do the work and incur the expense for her relief.

DR ALBERT ROBIN, Wilmington:

I need hardly dwell on the life of Dr. Black. I am so depressed by his death that I have hardly words to express the grief that I personally feel. Having been quite intimate with Dr. Black, I regard him as one of the brilliant characters in the medical profession in this State. I have had occasion not so long ago, to review the lives of prominent medical men, and I am sure that posterity will accord to Dr. Black the position he deserves; namely, one of the most brilliant men this State has ever had. I did not rise for a eulogy, but I would like to suggest that this Society pass proper resolutions on the death of Dr. Black, and submit them to the family and also to the press.

The Report of the Committee on Necrology on Resolutions on the Death of Dr. John J. Black was presented by Dr. H. W. Briggs, as follows:

Resolutions on the death of Dr. J. J. Black, of New Castle.

WHEREAS, The State Medical Society, since its last meeting, has been deprived by death of the presence and usefulness of Dr. J. J. Black; and

WHEREAS, We consider his untimely death as a great loss, not alone to the medical profession of Delaware, but also to the community in which he had labored so nobly and so unselfishly; Therefore Be it

RESOLVED, That this Society recognizes in Dr. Black, a man of great worth, and in his death feels a loss of one of its oldest and most useful members, and

RESOLVED FURTHER That these resolutions be spread on the minutes of the Society, and a copy sent to the family.

Upon motion of Dr. John Palmer, Jr., Wilmington, seconded by Dr. P. W. Tomlinson, Wilmington, the resolutions were adopted.

DR H. W. BRIGGS Wilmington:

Following the suggestion made by the secretary in his Report of the House of Delegates, in referring to the very lamentable accident that occurred to one our members during the past year, by which he has probably been made a cripple for life, if it is in order, I move you that a committee of three be appointed to draft resolutions of sympathy for Dr. Charles Green, to be printed in the transactions of this meeting, and a copy sent to Dr. Green's family, the committee appointed to prepare the resolutions and submit to this afternoon's meeting for approval.

This motion was seconded by Dr. P. W. Tomlinson, Wilmington, and unanimously carried.

The President appointed the following committee: Dr. H. W. Briggs, Dr. H. H. Burton and Dr. James H. Wilson.

DR. P. W. TOMLINSON, Wilmington:

There is one other matter that I feel is important to all of us. We have one member who has been a member of this Society for many years. Many of you know how useful Dr. Ezekiel Cooper has been in this Society. He is now physically unable to attend our meetings. I would move that he be made a life member of the Society, which under our constitution and by-laws will relieve him from annual dues.

This motion was seconded by Dr. G. W. K. Forrest, Wilmington, and unanimously carried.

DR. JAMES H. WILSON, Dover:

On behalf of the Kent County Medical Society, I nominate Dr. Preston S. Downs for President for the ensuing year.

DR. GEORGE W. MARSHALL, Milford:

I do not wish to choke off any further nominations there may be for President, but I wish to second Dr. Downs' nomination. We all know how interesting his reports of the Kent County Society have always been. I move that the nominations close, and that the Secretary be empowered to cast the ballot of the Society for Dr. Downs for President.

This motion was seconded by Dr. H. W. Briggs, Wilmington, and unanimously carried.

The Secretary reported that he had cast the ballot of the Society for Dr. Downs for President, and the President then declared Dr. Pressley S. Downs, Dover, the President for the ensuing year.

Upon motion of Dr. G. W. K. Forrest, Wilmington, the President appointed Dr. G. W. Marshall, Milford, a committee of one to escort Dr. Downs to the chair.

DR. P. S. DOWNS, Dover:

It seems that this caps the climax today for me. I hope you have not made a mistake in your selection. I want to be your friend, and I am your friend. I regard all of you as my friends, as well as brother practitioners. That means a great deal to me. I want to be a friend to your families.. If there is anything that I can do at any time in advancing the interests of our worthy Society, the oldest medical society, except one, in the United States, do not hesitate to call upon me. (Applause.) I not only want to say that I wish to do something, but I want to show my appreciation and gratitude by action and by achievements. From the early history of our Society down to the present time—from our first President—who was so patriotic as to leave his professional duties and serve as the manager of a general hospital in Washington's army, undergoing many sacrifices—clear down to the present presiding officer of today, we have cause to be proud of their careers. Delaware has such a skillful wielder of the scalpel in our retiring President, that in my judgment it is not necessary to go to Philadelphia to have a surgical operation performed, but stop over at Wilmington. (Applause.) When I

consider all these sacrifices, patriotism and skill that have been manifested throughout the course of our Presidents, I feel like inscribing upon Old Glory that ought to be waving over this building today, as well as over a body of legislative men, as our official banner, across the stripes and stars, these words: "The President and Fellows of the Medical Society of Delaware, Patriotism and Altruism." I thank you indeed for the honor and courtesy.

Upon motion of Dr. P. W. Tomlinson, Wilmington, seconded by Dr. Harold L. Springer, Wilmington, the meeting adjourned

Communication

Harold L. Springer, M. D. Editor,

Dear Sir:—One of the most important branches of the work of the Board of Health is in the management of contagion. To successfully meet the conditions that arise every day in the management of contagious diseases, from a public health standpoint, requires first the co-operation of the medical profession. This condition, I feel exists between the Board and the medical profession.

A careful study of the cases demonstrates to me that our schools are so carefully watched and protected that they have not played an important part in the spread of scarlet fever and diphtheria, and that a large percentage of cases are caused by direct contact with the disease and its carriers outside the public schools.

The quarantine measures now being imposed upon households affected with scarlet fever and diphtheria are often trying ones and in some cases necessitate a great financial loss to the family. We often find it impossible in poor families to isolate the cases and protect the rest of the children of the household.

In order to protect the public health and control scarlet fever and diphtheria as modern preventive medicine demands, it is incumbent upon the city to provide, in the near future, a hospital for the isolation and treatment of all contagious diseases. I am confident that the establishment of such a hospital would annually save many lives, be a blessing to hundreds of poor families who can ill afford any financial loss whatever, and materially lessen the number of contagious diseases in the city.

The comparatively small number of second cases after fumigation for scarlet fever and diphtheria with the formaldehyde method, demonstrates the value of our method and the thorough manner in which each house has been fumigated.

During the past month the Board of Health has ordered that all dealers in meats, poultry, game and fish shall screen the windows and doors of their building and protect all meat, poultry, game and fish exposed for sale on the outside of their building by the use of glass cases. This resolution met at first with some objection on the part of the dealers and after several conferences with both the members of the Board and the dealers the questions involved were amicably settled by the dealers agreeing to the conditions as enumerated. I might say in connection with this resolution that the time limit has not as yet expired and it is thought by the members of the Board of Health that the dealers all propose to assist in enforcing the provisions of the resolution by observing the requirements.

The department is actively engaged at the present time in examining the condition of our street markets and the condition under which our food-stuffs are being handled.

The value and in fact the necessity of a well equipped laboratory devoting its entire work to the interest of the municipality is today conceded throughout the land. Indeed that health department which has not its own laboratory is at the present time considered to be behind the times and wholly unfitted to perform the many duties incumbent upon it. Not only do we look to the laboratory for final decision as to the diagnosis of disease, the causes of death, the suspected adulteration of food-stuffs, the purity of water, etc., but by proper use of that adjunct to our department we could daily look to our chemist and bacteriologist for confirmation or denial of a suspected condition and wholly upon his report base our decision and our subsequent action.

The laboratory must then be in hands which are thoroughly trained and which are unfailing in their accuracy and final decision. It is my confident desire that the usefulness of this department will be further advanced in the near future by the addition of a fully equipped laboratory under the direct supervision of the Board of Health.

Yours very truly,

C. WILLIAM MALCOM, Secretary.

Dr. H. L. Springer, Editor,
Journal of Delaware State Medical Society.

Dear Sir:—

The following letter speaks for itself and probably will be interesting to the physicians of Wilmington, Del.

Yours very truly,
Albert Robin.

Wilmington, Del., May 24, 1910.

Dr. A. Robin,
Dear Sir:—

Upon Mr. Benskowski of the Allen Drug Co. recommendation, I take the liberty of addressing you. I would like it if you would favor us with some of your refraction work that you have in this neighborhood. We will allow you 25 per cent., the same as we do all physicians who send us work.

Respectfully,
R. H. Cubberly.

Therapeutic Progress

Albert Robin, Editor



ONE way to make this Department practical and of great value to our members, is for each to contribute the results, favorable or otherwise, obtained from any drug or method of treatment. The value of any remedial agent can be established only by repeated observations, and it is incumbent on us to make our observations known to our fellow practitioners. We are not dealing in secret nostrums; our aim is to benefit our patients. Let us, then, be helpful to each other.

The editor of this Department will be pleased to receive from our readers, brief notes on treatment, which they have found helpful in their personal experience.

Engstadt found that ether administered by the drop method to the degree of mild surgical narcosis is the best antidote to cocain poisoning.

W. J. Robinson treats Chronic Gonorrhea as follows:

- 1 The patient urinates.
2. The urethra is washed out with a warm boric acid solution (2 per cent.) or a 1 to 10,000 mercury oxycyanide solution.
3. The sound properly aseptized and lubricated (with a water soluble and not an oily lubricant) or the dilator, is passed and allowed to remain 15 to 30 minutes.
4. The urethra is again washed out with a warm boric acid solution.
5. The injection, irrigation or installation proper is now used.

For irrigation he used protargol 1 to 10,000, increasing gradually to 1 to 1000.

Goelet employs weak iodine solution, 15 min. to 1 dose to the quart of warm water, in the treatment of cystites of gonorrheal origin.

News Items and Personals

Personals

Dr. A. L. Clifton, formerly of Smyrna, Del., now Asst. Surgeon U. S. N., attached to the U. S. S. Michigan, was married in the New Aster House, New York City, June 11th, to Miss Dolores Cameron, of Cincinnati, Ohio.

Dr. I. T. Sheppard has given up practice in Wilmington and has removed to Honolulu where he will resume it with his brother-in-law.

Dr. A. Robin is spending his vacation traveling through England, Scotland and France.

Dr. Francis Stewart has been appointed City Bacteriologist for Wilmington to succeed Dr. A. Robin who resigned.

Dr. J. W. Bastian has announced himself as a candidate for the State Legislature.

Dr. Messick has been appointed a member of the Rehoboth Board of Health.

Four doctors will locate at Cheswold where there has never been sickness enough to keep one busy.

The June meeting of the New Castle County Society was the annual outdoor meeting of the society and was held at the residence of Dr. L. H. Ball at Brandywine Springs. There were fifty-nine present and in addition to supper on the lawn, athletic sports were indulged in.

Incompetent Medical Colleges

The startling revelations of incompetency of some of our medical colleges, made by both the American Medical Association and The Carnegie Foundation for the Advancement of Education, should have a healthy reaction by eliminating or consolidating in proper cases, those institutions which are proven to be incapable of properly training competent physicians. The broad assertions made in the reports will no doubt

be resented by connections of some of the colleges involved but in the end only good can result.

Tuberculosis Notes

The Hope Farm Sanatorium has been filled to its capacity during the summer months and there is a growing demand for admission. Nearly four hundred persons received treatment at the dispensaries of the Delaware State Tuberculosis Commission during the first six months of 1910. The tuberculosis car has about completed its tour of the State and nearly 10,000 persons visited it. Its contents were displayed at the New Castle County Agricultural Fair and many persons visited it there.

Fake Consumption Cure

Over \$15,000,000 annually is poured into the coffers of those who exploit and advertise fake consumption cures, according to a statement issued by the National Association for the Study and Prevention of Tuberculosis; and for this vast sum the victims receive nothing in return, but are often permanently injured and in the majority of cases cheated out of the chance for a real cure. Worse still, most of this money is paid by those who can least afford it.

Delaware Hospital

The Delaware Hospital has just had installed an X-Ray machine of the latest and best type. An instantaneous picture can be taken and the results thus far have been very gratifying.

A children's ward of ten or twelve beds will soon be ready for occupancy, and a new convalescents porch for the women and children is almost finished.

Report for Quarter Ending, August 31st, 1910. Admitted 218, Discharged 196, Operations 107, Ambulance Cases 164, Visits to the Dispensaries 1258.

Health Notes

Wm. Marshall

G. W. K. Forrest

On August 11, 1910, there were under quarantine in the city of Wilmington 14 houses, 3 for diphtheria and 11 for scarlet fever.

There has been noticed a marked decrease in the number of typhoid fever cases in the city for sometime past, due in a great measure to the excellent system of filtration which is now afforded the citizens of this city in the water furnished for drinking purposes. At the present time, August 11, 1910, there are on file 16 cases of typhoid fever in the city. This is an increase in the number as compared with some months past when there were only 2 cases on record in June and 6 cases reported in July. This increase is due in a great measure to persons leaving the city for vacation periods and returning no doubt with infection contracted in other communities.

The special attention of the physicians as well as the laity is called to the number of infantile deaths occurring in the city during this past month. In the month of July there were 87 deaths of infants under one year of age, and for the first week of August there were 10 deaths under one year of age.

Anterior polio-myelitis which has been prevalent in some communities in Pennsylvania and New York has not materially added to the number of deaths in Wilmington, so far

Sewage as Fertilizer for Municipal Profit

Many European cities as well as a few of those in America derive quite a considerable profit from the sale of fertilizer which is obtained as the result of scientifically treating their sewage so as to make it an efficient and valuable land enricher. As a thought for the Conservationists it might be a matter of economy if the principle was applied to some of our own Delaware cities or towns which now annually waste many thousands of dollars by allowing the sewage to flow into and contaminate their nearby streams.

Miscellaneous

UNIVERSITY OF PENNSYLVANIA.

The School of Medicine.

The Medical School of the University of Pennsylvania is the oldest Medical School in the United States. It was founded in 1765 by John Morgan, of the Class of 1757 College, who, later, was Physician-in-Chief to the American Armies, Under General Washington.

Its place of distinction among the Medical Schools of the country has been maintained since its foundation, and it is to-day represented by more than eight thousand alumni, in all parts of the world.

The laboratory facilities of the school are unsurpassed, and its clinical facilities unequalled. In its clinical facilities are included the University Hospital, the Philadelphia Hospital, the Phipps Institute for the Study of Tuberculosis, the Maternity Hospital, the Dispensary service, the extramural teaching, and for advanced students, the Wistar Institute of Anatomy.

The Medical Library of the University contains more than 21,000 volumes, and the Library of the College of Physicians and Surgeons, open to medical students, more than 90,000 volumes.

Within a few months, additional chairs have been created and filled by distinguished men. Dr. Richard M. Pearce, of the Bellevue Hospital of New York, will hold the Chair of Research Medicine; Dr. Alonzo E. Taylor, of the University of California, the Chair of Physiological Chemistry, and Dr. Allen J. Smith, the Chair of Comparative Pathology, in charge, also of the Courses in Tropical Medicine and Dr. David Edsall, the Chair of Medicine.

It may be added that, of the Classes graduated in the years 1906-7-8, whose members appeared before the Examining Boards of twenty-seven States, there was no failure to

pass the respective State examinations. This record is believed to be without a parallel.

The entrance requirements have been gradually increased and reach their present maximum in the coming academic year, September 1, 1910. These requirements are precisely as follows:

REQUIREMENTS FOR ADMISSION.

In Effect for the Session of 1910-11 and thereafter:

1. Students may be admitted either by examination or by acceptance of credentials.

2. Candidates must have successfully completed work equivalent to that prescribed for the Freshman and Sophomore Classes in colleges recognized by this University, which must include at least one year of study (with appropriate laboratory exercise) in Physics, General Chemistry (including Qualitative Analysis) and General Biology or Zoology, as well as two languages other than English (one of which must be either French or German).

For 1910-11 this preparation will be regarded as covering at least 47 collegiate units of study; in 1911-12 and thereafter, 53 units will be required.

EXCHANGES

Bulletin of the Medical Chirurgical Faculty, of Maryland, Baltimore, Md.

The Lancet Clinic, Cincinnati, Ohio.

Washington Medical Annals, Washington, D. C.

"DECLARATION OF THE PRESCRIPTION."

The Philadelphia County Medical Society, at its business meeting of April 20th, adopted the following report of the committee on the Declaration of the Prescription:

First. The prescription is an utterance of the prescriber who alone should direct and control its employment. It should, whenever practicable, be dated and the name of patient with his or her age, if a minor, should be specified.

Second. Prescriptions are neither of limited nor unlimited character. A limited prescription is one on which restrictions have been placed by the prescriber; viz., to control the ownership, to limit the privilege of renewal, to state if a copy shall be given by the pharmacist compounding it, to direct the disposition of the prescription, and thus control all of the aforementioned rights. These restrictions should be specified over the signature of the prescriber. Limited prescriptions should be employed by the prescriber when writing for a medicinal substance commonly called a narcotic or habit-forming drug. The physician, when delivering a restricted prescription, should impress upon the patient that it is an order for medicine required only for the time stated and present need; and the attention of the patient should be directed to the character of the restrictions thereon.

An unlimited prescription is one which has no restriction placed thereon by the prescriber, all rights being waived by the author. An unlimited prescription should be used when the copy of the prescription is directed to be placed upon the label of the container or the finished preparation.

Third. The pharmacist who prepares the medicine should retain the prescription for reference as a record of his services and for a certain period of time—not less than five (5) years—for the protection of the prescriber, pharmacist and patient; and all restrictions placed upon the prescriptions must be respected by the compounder thereof. The attention of the patient should be directed to the nature of the restriction in a prescription by affixing an appropriate notice on the container of the medicine.

County Society Notes

The second annual outing and field sports, of the New Castle County Medical Society were held on the afternoon of June 21st, 1910, at the country home of a fellow member, Dr. L. H. Ball, near Faulkland.

The members gathered at their usual place of meeting, the Historical Society Building at 10th and Market Streets, and proceeded to Dr. Ball's in automobiles, some 20 in all, belonging to members of the society, and as the procession made its way up Delaware Ave., every machine decorated with a small flag bearing the inscription, "New Castle County Medical Society," it presented a spectacle long to be remembered.

Of the 58 members of the society, 53 responded to roll-call, the only absentees being those who were unavoidably detained by reason of illness or absence from the city.

The sports scheduled were carried out according to the program and every event was hotly contested by those participating, much good-natured rivalry being displayed between the various contestants.

The program was as follows: Master of Ceremonies: J. W. Bastian; Judges: H. G. Kollock, R. J. McKay, John P. Wales, E. G. Shortledge; Starter: J. P. Pyle; Announcer: John Ball; Rooters: H. M. Thompson, A. Robin, W. H. Hancker; Water Boy: F. L. Springer; Time Keeper: O. J. Gray; Score Keeper: J. J. Jones; Special Police Officers: Frank Belville, Smith Cooper; Event No. 1, Part First, Fat Men's Marathon: won by H. W. Briggs; Part Second, Thin Men's Marathon: won by D. W. Lewis; Event No. 2, Running Broad Jump: won by L. H. Ball; Event No. 3, Chaiot Race, (Wheelbarrows): won by H. A. Cleaver and W. Springer; Event No. 4, Potato Race: won by H. G. Kollock; Event No. 5, Three Legged Race: won by Drs. Rumford and Kræmer; Event No. 6, Quoits: won by Drs. De LaCour and Forrest.

The base ball game, between nines captained by Drs. J. P. Wales and E. G. Shortlege, was the most exciting event of the afternoon. The teams were pretty evenly matched, and the game was making excellent headway, when the players representing the team captained by Dr. Wales took exception to some of the decisions of the umpire,

Dr. Robin, and "firmly but gently" removed him and placed him over an adjoining rail fence. Dr. Pyle, who succeeded as umpire, soon called the game, and it is yet to be decided which team won.

After the sports a fine spread was enjoyed by all, on the spacious lawn, and the medals were awarded to the winners of the sports.

It is safe to say that every member who attended this outing enjoyed one of the most delightful days of the year, and all will look forward to next years' meeting with pleasure.

DELAWARE STATE SOCIETY.

President: PRESLEY S. DOWNS, Dover,
 Secretary: G. W. K. FORREST, Treasurer: S. C. RUMFORD

§ § §

Officers of County Societies**NEW CASTLE COUNTY MEDICAL SOCIETY**

President: H. G. M. KOLLOK. Vice-President: J. W. BASTIAN,
 Secretary: M. I. SAMUEL. Treasurer: W. H. KRAEMER,
 1016 Washington Street. 1009 Madison Street.

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KENT COUNTY MEDICAL SOCIETY.

President: J. H. WILSON, Vice-President: E. S. DWIGHT,
 Secretary and Treasurer: P. S. DOWNS, Dover, Delaware.

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SUSSEX COUNTY MEDICAL SOCIETY.

President: WM. P. ORR,
 Secretary: JOS. K. FRAME, Treasurer: G. FRANK JONE

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Notices of Meetings

Delaware State Medical Society, October 11, 1910, Wilmington, Del.

American Medical Association, June, 1911, Los. Angeles, Cal.

New Castle County Medical Society, third Tuesday in each month except June and August. Historical Society building, Tenth and Market streets, Wilmington, 8.15 P. M. Auto Phone 1974.

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Sussex County Medical Society meets at Georgetown monthly
 Dr. Joseph K. Frame, Secretary, Millsboro, Delaware.

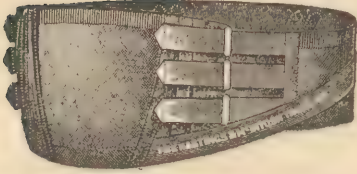
Tuberculosis Commission meets in March, June, September, December meeting at Wilmington on December 23rd. Address all communications to Secretary Dr. H. L. Springer, 1013 Washington street, Wilmington.

Nurses' Commission meets June and December, at Wilmington. Address all communications to Miss Anna Hook, secretary, Wilmington, Delaware Hospital.

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The following excerpt from a leading Delaware paper is of interest:

N. R. E. T. CO. HAS SUCCESSFUL YEAR

Declares Dividend of 7 Per Cent and Adds to Surplus Account

The annual meeting of the stockholders of the National Real Estate Trust Company was held at the Company's offices on Thursday, June 9, 1910.

Some interesting reports of the Company's work for the year just closed were made by its officers, and the treasurer reported that the Directors had declared a dividend of 7 per cent. on the outstanding Preferred Stock of the Company, payable July 15th.

The reports showed that after paying the dividend, the company had additional net profits of an amount almost equal to the dividend, which was added to the surplus account.

Reports from the managers of the Thrift, Real Estate and Home Building departments showed that great progress had been made during the year in every department of the company, and the stockholders were greatly pleased with the result of the year's work.

The report of the Thrift Department showed thrift accounts in force amounting to \$691,120.00 as compared with \$201,320.00 a year ago.

It is probable that hereafter dividends on the Preferred Stock will be paid quarterly instead of annually.

An opportunity to buy N. R. E. T. Co. stock which pays an annual dividend of 7 per cent. is now open to you. The Company confines its investments strictly to First Mortgages on Wilmington City Property. If your investments are not paying you 7 per cent. you cannot afford to neglect this opportunity. At the present valuation, with the certainty of increase of property values, owing to the constant growth of the city's property, the stock of this Company is **A PARTICULARLY SOUND AND PROFITABLE INVESTMENT.**

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